

DACHSHUND WORLD CHARITIES – FUNDING APPLICATION AGREEMENT

(PLEASE COMPLETE and FAX TO DACHSHUND WORLD CHARITIES, EMAIL TO HELP@DWCHARITIES.COM)

*Name of Pet Owner or Good Samaritan: _____

Street Address: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Country: USA / CAN

Home Phone: _____ Cell Phone: _____

Email Address: _____ PayPal Email Address: _____

Name, Address, Phone & Fax Number, Website (URL) of Veterinarian:

Brief Description of Diagnosis, Medical Treatment, Symptoms or Injury:

Estimated Cost of Treatment: \$ _____

*** All applications must be sent with a "CareCredit" approval showing the amount or the denial. Canadians can apply www.petcard.ca**

I am the legal owner or Good Samaritan assuming financial responsibility of _____ (pet's name).

Breed: _____ Age: _____ Male/Female: _____

I attest that the information I have provided to **Dachshund World Charities** is accurate and complete. I give my consent for the above mentioned medical care. I understand that **Dachshund World Charities** assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnosis, treatment, products or services.

I consent to allow **Dachshund World Charities** the use of any pictures and description of medical care for the purposes of promotion and fundraising.

Signature _____ Date: _____

Contact: Ellie DePrima, Tel: (416) 970-8333 <http://www.dachshundworldcharities.com> EIN: 46-5080303

Dachshund World Charities is an IRS approved 501 (C) (3) non-profit charity. help@dwcharities.com Fax: (905) 784-1122