

**Save Our Siberians – Siberspace Rescue Fund**  
**Application for Funding**  
(To be completed only after reading our [Requirements for Funding](#))

Please provide the following information to the best of your ability. If a question does not apply to your situation or to this specific rescue dog, simply put "NA" (for not applicable) in the space provided.

Date: \_\_\_\_\_

Is this an emergency situation? (i.e. Are you UNABLE to get medical help for this dog until funding is secured and, if so, is this a life threatening issue/illness which requires Emergency treatment?) \_\_\_\_\_

***Individual Applying for Funds:***

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number(s): \_\_\_\_\_

Your Email Address:\*\* \_\_\_\_\_

***Your Rescue Organization*** (if not applicable, skip to Name of Dog):

Name of Organization: \_\_\_\_\_

Your Position in Organization: \_\_\_\_\_

Alternate Contact in Organization: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Contact's Position: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

Name of Dog \_\_\_\_\_

Siberian Husky  or Siberian Husky Mix  (Please provide picture.)

Age \_\_\_\_\_ Sex \_\_\_\_\_ Coat and Eye color \_\_\_\_\_

Is the dog spayed/neutered? \_\_\_\_\_

If not, why not? (Please have your veterinarian explain in the prognosis requested below why the dog is not yet altered or cannot be.)

\_\_\_\_\_

How did you obtain the dog?

\_\_\_\_\_

***FOR MEDICAL FUNDING:***

Your veterinarian or veterinarian providing services for which you are requesting funds:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please describe below, in your own words, why you are applying for funds for this dog:

What is the treatment for which you are requesting funds?

What is or was the medical condition necessitating this treatment or procedure?

What is the full cost of the treatment and why are you in need of outside funding? (Please include fully itemized statements or written quotes on the veterinarian's letterhead for the treatment.)

What is your veterinarian's prognosis for the dog upon completion of the treatment? (Please include a signed statement from your veterinarian, preferably on letterhead paper.)

What are your long-term plans for this dog?

To whom should any funds we grant be remitted?

Please understand that the following questions are intended to assure the best use of the limited funds available to the Siberian Husky rescue effort without compromising quality of treatment. We encourage second opinions and requesting of discounts for rescue.

Have you sought a second opinion on the necessity or the pricing of the treatment? What was the result?

Have you sought any other sources of funding for this treatment? If so, from whom and what was the result?

Have you inquired whether your veterinarian offers a discount for rescue dogs and if so, does your cost above reflect that discount?

Have you inquired of any other veterinarians in your area about rescue discounts? \_\_\_\_\_

If another veterinarian does offer a discount and you are not taking advantage of that, please describe why you prefer to remain with your veterinarian.

Release of information: I authorize this named veterinarian or his/her representatives to release any and all information to the SOS-SRF about the medical condition and treatment of the dog that I have listed on this funding application. SOS-SRF will use this information solely to verify the validity of my application for funding from SOS-SRF. Please initial \_\_\_\_\_

By signing and dating below, I (we) acknowledge that I (we) have read the requirements published on the SOS-SRF web site and certify that this application falls under those requirements, including the requirement of submission within 45 days of incurring the last expense. I (we) agree that if the application is found not to comply with those requirements or if all supplemental materials are not submitted within 10 days of receipt of this application, it will not be considered further by the SOS-SRF board.

Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the following list to be sure you have included the items we need to process your application efficiently. It is your responsibility to ensure that all supporting documentation is received within 10 business days of the initial application or it will not be considered.

- **Final invoice(s) showing itemized ultimate costs from veterinarian, preferably on letterhead.**
- **Statement of prognosis from veterinarian, preferably on letterhead.**
- **Picture of dog. See Requirements for format.**

You may submit this application to Kristine Biagiotti-Bridges, Assistant Rescue Grants Coordinator - SOS-SRF, either through email at [kbiagiotti@yahoo.com](mailto:kbiagiotti@yahoo.com) or by snail mail to:

Kristine Biagiotti-Bridges  
24 Vincent Road  
Mendon, MA 01756

Please contact Kristine by email to arrange for messages by FAX.

\*\*Please note that we will add your email address to our newsletter database (refer to Funding Application page on the website - <http://www.sos-srf.org/FundingApp.html>).