



APPLICATION FOR ACA RESCUE FUND ASSISTANCE

It is the desire of the Board of Directors of the Akita Club of America (ACA) and its members to provide "Emergency" financial assistance to those abused, abandoned and homeless purebred Akitas who are deemed to be of sound temperament and adoptable by rescue volunteers, shelter personnel, breeders, trainers and/or veterinarians. Any Akita rescue group that has been granted an Rescue Fund ID, and that Fund ID is still active and valid may apply.

Please provide the following paperwork when sending in your claim: (claims that are not complete or do not contain all supporting documentation will not be considered)

Original documentation supporting the need for financial assistance **must include**, but not be limited to:

- ✓ **Picture of the dog** (*before and after treatment if possible*)
- ✓ **Statement of Need**
- ✓ **Veterinary Bill(s)**
- ✓ **Veterinary Statement**
- ✓ **Receipts for reimbursement of paid bills** (*specific charges highlighted*)
- ✓ **Any other receipts for treatment/medicines used** (*specific charges highlighted*)

If submitting for Heartworm Treatment reimbursement:

- ✓ **Results of a Heartworm test** (*before and after treatment*)

If submitting for Biopsy reimbursement:

- ✓ **Biopsy must accompany application**

If other financial assistance has been received for this dog (ie. special fundraising, auctions, etc.):

- ✓ **Attach a detailed listing of funds received in such manners, monies paid out, and, if any, monies left over.**

Note: *We will not consider receipts over 90 days old. Amounts exceeding \$1,500.00 will be forwarded to the ACA Board with the Rescue Committee's recommendation. The ACA Board will review the request and make the final decision. All decisions are final.*

Organization Name: _____ Date: _____

ACA Member Group: Yes / No ACA Member: _____

Contact Name: _____ Phone: _____ Ext: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Akita's Name: _____ Approx. Age: _____ Sex: Male / Female

Please describe the Akita in need (must include photo): _____

Is this Akita under your direct care? Yes / No Boarding Kennel? Yes / No

Shelter? Yes / No UTD on Vaccines: Yes / No Heartworm Negative: Yes / No

Fecal Negative? Yes / No Temperament Tested: Yes / No

Is this Akita spayed/neutered? Yes / No If No, why not? _____

Please describe your need for financial assistance: _____

Please complete pages 2 thru 5, sign and return (with all supporting documentation) to:

Lisa Gray
ACA Rescue Committee
10489 Lake Jackson Dr
Manassas VA 20111

NOTE: Please be sure to review the ACA Rescue Fund Guidelines for details on what expenses will and will not be considered for reimbursement.

Please breakdown the financial needs into the following categories:

Emergency Medical Expenses(Cap \$500 per dog): _____

Diagnostic Testing (Cap \$200 per dog): _____

Extraordinary Expenses (Cap \$300 per dog): _____

Spay/Neuter Assistance (Cap \$100/dog, \$500 annually per group): _____

Emergency Boarding (Cap \$200/dog, \$600 annually per group): _____

Kennel Name, Address, Phone number: _____

Insect Borne Diseases (Cap \$300 per dog): _____

Pound Seizure (Cap \$300 per dog): _____

Other (Be specific): _____

Cost of Office Visits: (include dates): _____

Total Cost of Medicines (Itemize please): _____

Total Cost of Rehab/Follow-up: _____

Total Amount Requested: _____

Signature of Applicant: _____

For ACA Rescue Committee Purposes Only

Date Received: _____ Date Sent to Webpage: _____

Date Submitted to Committee Members for Vote: _____

Votes: _____

Approved/Disapproved: _____ Amount Approved: _____

Release Mailed: _____ Indemnification Received: _____

Notes: _____

Veterinary Statement

The following must be filled out by the attending Veterinarian:

Name of Veterinary Hospital: _____ Phone Number: _____

Address: _____

City _____ State: _____ ZIP: _____

Name of Attending Veterinarian: _____

Dog's Name: _____

Findings on Exam: _____

Was Akita x-rayed: _____ If x-rayed, for what? _____

Prognosis with treatment? _____

Comments/Suggestions: _____

Attending Veterinarian's Signature: _____ Date: _____