



# Land of PureGold Cancer Treatment Grants

Financial Aid for Assistance, Search & Rescue, Enforcement and Animal-Assisted Therapy Dogs

**For acceptance, mail completed application along with copies of veterinary oncology receipts (detailing services, costs, dates of service) to: Land of PureGold Foundation, Inc., 3731 Greenway Lane, Owings Mills, MD 21117.**

Owner Name(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Regular Veterinarian / Hospital \_\_\_\_\_

Veterinarian's Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

Dog's Formal & Call Name (incl. titles) \_\_\_\_\_

Dog's Current Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Have had Dog since \_\_\_\_\_

Dog's Working Field \_\_\_\_\_

Working Dog Certifications & Descriptions \_\_\_\_\_

Certifying Organization & Contact Info \_\_\_\_\_

Description of Dog's Workday, Training, etc. \_\_\_\_\_

Number of Years Dog Active Worker \_\_\_\_\_ Time Weekly Dog engaged at Work \_\_\_\_\_

For Therapy Dogs — Include names & contact information for current/recent Centers, Hospitals, etc. where services provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY TREATING VETERINARY ONCOLOGIST**

Treating Veterinary Oncologist / Hospital \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Telephone (where doctor can provide conversation time) \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Diagnosis \_\_\_\_\_

Stage / Prognosis \_\_\_\_\_

Recommended Therapies \_\_\_\_\_

\_\_\_\_\_



# Land of PureGold Cancer Treatment Grants

Financial Aid for Assistance, Search & Rescue, Enforcement and Animal-Assisted Therapy Dogs

## TREATING VETERINARY ONCOLOGIST'S SIGNATURE

In signing this application, I verify that, to the best of my knowledge, the diagnosis of and prognosis for the named dog are stated accurately.

Signature \_\_\_\_\_ Hospital \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

## WORKING DOG ORGANIZATION/TRAINER SIGNATURE

In signing this application, I verify that, to the best of my knowledge, the named dog is actively working in the area of assistance, search & rescue, enforcement, or animal-assisted therapy.

Signature \_\_\_\_\_ Organization \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

## REQUESTOR'S SIGNATURE

In signing this application, I agree to allow my dog and/or myself to be named and/or photographed, to support the Land of PureGold Foundation, Inc.'s fundraising. I also understand further information may be requested.

I also understand and accept the following:

- The Land of PureGold Foundation reserves the right to reject applications with or without cause and based on the current availability of funds.
- Financial assistance, if awarded, will be paid directly to the veterinarian or clinic providing services and will not be paid to the applicant.
- An award of financial assistance does not constitute a recommendation by the Land of PureGold Foundation of any particular veterinarian, clinic, or treatment regimen.

I further confirm that the information in this grant application has been freely and truthfully given to expedite this financial assistance request.

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_