

LAND OF PUREGOLD FOUNDATION, INC.

Working Dog Cancer Treatment Grant Application

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

PLEASE PRINT NEATLY OR TYPE

Personal / Background Information

Owner Name(s) _____ Email Address _____

Complete Mailing Address _____

Home Phone _____ Mobile Phone _____ Work 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 _____

NOTE: For Therapy Dogs, dog must be providing at least 30 hours weekly to qualify. They can be full-time facility dogs in assisted living homes or providing therapy in a professional setting (e.g., working with a speech, physical therapy, or occupational therapist; working in a school 5 days weekly; etc.). Animal-assisted Visitation Dogs are no longer included in our grant program. More information about grants and recipients can be found at grants.landofpuregold.com.

Veterinarian / Medical Information

Regular Veterinarian _____ Regular Veterinary Clinic/Hospital _____

Regular Veterinarian Address _____ Contact Phone _____

Oncologist/Veterinary Specialist _____ Clinic/Hospital _____

Oncologist/Specialist Address _____ Contact Phone _____

Diagnostic and Treatment Information

THIS SECTION MUST BE COMPLETED BY TREATING VETERINARIAN

Dog's Name _____ Date of Diagnosis _____

Diagnosis _____

Stage / Prognosis _____

Treatment (e.g., surgery, chemotherapy, radiation, supplements) _____

Treating Veterinarian Name (please print legibly) _____

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 and that I support the above Treatment at this time.

Treating Veterinarian Signature _____ Date _____

Working Dog Organization / Trainer Signatures

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

Signature _____ Organization or Hospital _____

Contact Phone _____ Email Address _____ Date _____

Signature _____ Organization or Hospital _____

Contact Phone _____ Email Address _____ Date _____

Signature _____ Organization or Hospital _____

Contact Phone _____ Email Address _____ Date _____

Signature _____ Organization or Hospital _____

Contact Phone _____ Email Address _____ Date _____

Financial Grant Applicant Signature

In signing this application, I agree to the following:

To provide *via email* (foundation@landofpuregold.com), photos and text detailing my dog's life, working career, cancer diagnosis, treatment, etc. An individual webpage at the Land of PureGold Foundation, Inc.'s online website would subsequently be created to share this information, thus supporting the organization's continued fundraising efforts for their financial grant program.

I also understand and accept the following:

- Further information may be requested in order to evaluate suitability for the grant.
- 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 hospital/clinic providing services and will not be paid to the applicant. The amount of assistance is currently \$1,000 and is available for both U.S. and Canadian applicants.
- An award of financial assistance does not constitute a recommendation by the Land of PureGold Foundation of any particular veterinarian, clinic, or treatment regimen.
- For acceptance, application must be mailed 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.
- Applications cannot be considered until this form is completed, signed by all respective parties, and all supporting documents are received and reviewed for completeness.
- Applications additionally cannot be considered until photos and text detailing dog's life, working career, cancer diagnosis, treatment, etc. is received *via email* (foundation@landofpuregold.com).
- Copies of verifying working dog certifications need to accompany your application.

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

Grant Applicant Signature _____ Date of Signature _____