

AAFMED AID APPLICATION FORM

Instructions for filling out the form are listed below: (please read and understand all the requirements prior to submitting an application for aid):

Please fill out the form completely; if you are unable to answer a question please enter “do not know yet” or provide an estimate. ***Incomplete applications will not be processed.*** In order to be considered for funding you must return the following forms to us:

1. Application for Aid Form – include copies of vet estimates, vet bills already paid, Clinic notes from your vet indicating treatment given, course of treatment expected to be given, prognosis on survivability of treatment etc, if the dog is not altered when it can be spayed or neutered, etc.
2. Temperament Evaluation Form
3. You must submit photos with the application. Photographs should clearly show the dog in different angles, i.e. head shot, side view, side portrait, view from a distance etc so that **AAFMED** can make a determination that the dog in question is primarily a German Shepherd. Pictures must be clear! If we cannot clearly identify the dog as a German Shepherd, it will delay your application processing or be grounds to deny your application.

Any misrepresentation of the facts or false information about the case will result in immediate closure of the application, denial of the application and denial of funding for any future applications from your organization.

You may submit your application either via email to gsd@arfrescue.com or via snail mail to ARFs German Shepherd Rescue, Inc

ATTN AAFMED
PO Box 44
Lodi, WI 53555

If you do not hear from us within 48 hours of email submission (longer for applications you send in via snail mail) or if you have any problems completing this form, please contact us at gsd@arfrescue.com clearly outlining the problem. Email is our primary form of communication on all applications, so please check the email address you have provided in your application frequently! If there is a problem with your application, we will email you what we need to have you do to fix it. Average processing time for applications is several weeks. Do not expect a decision for at least three weeks after you submit your application.

All applicants must first contact their vet so that when the AAFMED representative calls them, they are able to release the information necessary to process your application for funding! YOUR ORGANIZATION, OR PERSON APPLYING,

FOR THE FUNDING is responsible for this notification. You should do this when you apply for AAFMED and not wait until after you receive an email from us stating we are processing your application. You must clearly tell the vet that you authorize an AAFMED representative to speak directly with the attending veterinarian regarding this animal. If you do not do this, it may result in your application being delayed or denied. Please inform the vet/clinic that AAFMED will require the following information:

- Copies of the medical estimates
- Billing to date (not a summary, but outlining of the procedures done etc)
- Outstanding Bills
- Medical history of the animal as well as prognosis with treatment
- Spay or neuter certificate

If AAFMED is unable to speak directly with the attending veterinarian or if authorization to release medical records has not been arranged, AAFMED will contact your designated representative and request that your organization arrange for the attending veterinarian contact us. This will result in significant delays in processing your request for funds.

In the medical section of the application, please provide as much detail as possible regarding the nature of the illness/injury. BE specific as to the type of treatment needed, estimates of cost and what has already been done medically for the dog.

EMERGENCY ASSISTANCE:

If this is a life-threatening emergency and you need a response within 48-72 hours, you will need to provide the following information as well as submitting an application form (submit via email only please). You must clearly state that this Request is an emergency request in your email or it will be processed in the order in which it was received. Emergency means that you have absolutely NO funds at your disposal to pay for any portion of the treatment at the time you submit your request and that the dog will die without immediate treatment. AAFMED cannot fully fund any request for treatment, but will, in special circumstances waive the normal 30 day processing time and try to get funding for you sooner. These types of application requests are rare and must meet ALL guidelines. Contact us at gsd@arfreescue.com for further instructions.

- The name of the Veterinarian providing treatment
- Clinic Name
- Clinic phone number, address and email address
- A photo of the animal

In addition to the emergency request for funding, your organization will be required to submit a complete AAFMED application form within 3 days of the request for emergency assistance. (Submit all emergency requests via email only please).

IF THIS IS YOUR PET, do not complete this application form. AAFMED is unable to provide, at this time, medical funding for privately owned animals. (See our funding guidelines for further explanation).

IF this dog is NOT your pet, please continue:

CONTACT INFORMATION:

Contact Name:	
Address:	
City:	
State:	
Zip code:	
Email address:	
Telephone Number(s):	
Rescue/Shelter Name Include your website:	
Additional Contact Info:	

DOG INFORMATION:

Dogs Name:	
Sex of dog:	
Spayed or Neutered: If not altered, give reason Why and indicate date when this will be done by	
Age and Weight of dog:	
Description of dog: (include any identifying marks, etc	
Microchip or other id #:	
If stray, list area where found:	

If the dog is a stray, has the owner of the dog been located? If so did they sign a surrender form to your rescue/shelter giving you legal right to the dog? (Include a copy):

If you know the dog's breeder, have they been contacted? If so, include their response:

How did you find this rescue dog? (I.e. shelter, owner surrender etc):

Do you know anything about the dog's background?

Has the dog been temperament tested, if so please list results (or attach copy of your temperament test). If not temperament tested, why not? You may use our temperament evaluation form if you do not currently have one of your own. Have you observed any aggression (towards other animals or persons) in the dog? Please describe:

What are the foster plans for the dog? All dogs seeking AAFMED funding need to be in foster care (not housed in a shelter) or released to rescue after their initial treatment.

I am fostering in my home and will continue to do so until adopted.

Someone else is fostering in their home and will continue to do so until Adopted.

I hope to adopt this dog myself.

I have already adopted this dog.

We will be turning the dog over to breed rescue on _____ . Please list their contact information:

Date of Release to Rescue

No foster plans finalized as yet.

Other, describe in detail.

Please remember to include the required photographs of the dog along with this application. Failure to do so may significantly delay the processing of your application. You may choose to send photos via email or snail mail. IF you require a decision within 48 hours, you must get a picture to us immediately.

MEDICAL INFORMATION:

Is this a life and death emergency? Yes No Please provide a full description of the dog's illness or injury:

Dog's Current location is:

**Veterinarian
Clinic
Shelter
Private Home
Other**

Please provide the following:

Name of treating Vet	
Name of Clinic/practice	
Address	
City	
State	
Zip Code	
Telephone number	
Fax Number	
Email address/website	

What is the dog's medial diagnosis?

What is the recommended course of treatment?

What is the dog's prognosis?

What is the estimated cost of treatment (do not include spay/neuter costs)

Was a rescue discount requested, if so how much was discounted? If you did not request a discount, enter no.

**Has treatment already begun on this dog? Yes No
If so, on what date?**

FUNDING INFORMATION

How did you find out about AAFMED?

**If you are not a rescue organization, have you contacted a rescue for this dog?
Yes No**

If so, which group? Please give their contact information, name etc:

Summarize their response to your request for assistance:

Have you contacted anyone else (organization or individual) in regards to assistance with funding for this dogs medical needs? If yes supply their contact information and their response below. If not, enter no.

How much have you already spent on this dog's medical treatment/care since rescue?

AAFMED funds are always limited and we strive to assist every case we can. Your organization is expected to assist in covering the medical costs of any animal you are taking care of. How much can your organization pay towards the medical costs involved?

Specify the amount of money you are requesting AAFMED pay towards this dogs medical care (do not request the full amount of health costs):

I have read AAFMED's mission statement, application procedures, funding guidelines and if funding is approved I/we agree to abide by all rules and contingencies set forth by this organization. Yes NO

I further state that all statements, facts, documentation and provisions I submitted to AAFMED are true. I understand that if any of these are found to be false, and I have received AAFMED funding, I/we will repay (with interest) any monies received from AAFMED. I/we further understand that if we provide any false statements to AAFMED, we will be ineligible for any future funding from them.

**Signed: _____
Include your title with the organization.**

Date: _____

Organization name: _____



Approved: Yes NO
Reason denied: _____
AAF MED Board/Committee member: _____
Date: _____
Date applicant notified of status: _____
Method of notification: _____