

**Cause for Paws Application for Funds Instructions:**

Please fill out the form below completely; if you are unable to answer a question, please enter "not yet known" or indicate that you are giving an estimate. Cause for Paws requires a photo of the Animal, either via e-mail to [vandrews@oakmountainwinery.com](mailto:vandrews@oakmountainwinery.com), or via standard mail to the address below. Once the application is submitted, you will receive a confirmation that we received your application immediately.

The length of time it takes for us to make a decision on funding may vary, but one of our volunteers will contact you within 72 hours.

If you have any questions or problems submitting this form, please email us at [vandrews@oakmountainwinery.com](mailto:vandrews@oakmountainwinery.com), or call us at 951 699-9102.

All applicants must be at least 18 years of age.

**Please note that Cause for Paws funding policies require that your animal have an official diagnosis from a licensed veterinarian. Cause for Paws cannot, at this time, cover costs involved in symptom diagnosis.**

**If this is a life or death emergency and you need a response from us within 24 hours, Cause for Paws requires all of the following information:**

1. Name and contact phone number for the veterinarian treating the animal. The vet must be available to speak to a Cause for Paws representative.
2. You must get a picture of the dog to us within 24 hours. You can email a picture to [vandrews@oakmountainwinery.com](mailto:vandrews@oakmountainwinery.com). If you are not able to email a photo, but choose instead to send one by overnight mail, the address is:

Cause for Paws  
47200 DePortola Rd  
Temecula, Ca. 92592

3. Email or call to provide detailed information on the emergency treatment needed and information on what, if any, treatment has already been completed. ([vandrews@oakmountainwinery.com](mailto:vandrews@oakmountainwinery.com), 951 699-9102)

We appreciate your understanding that Cause for Paws is not able to consider providing funding for animals who are not currently residing in Southern California.

**Applicant Contact Information:**

How did you hear about Cause for Paws? \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_  
 Additional contact information you'd like us to know: \_\_\_\_\_  
 \_\_\_\_\_

**Information About Your Animal:**

If you are applying on behalf of a rescue group or other organization, please provide the name and contact information for your organization: \_\_\_\_\_

Name of Dog: \_\_\_\_\_  
 Sex of Dog: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Color of dog: Chocolate: \_\_\_\_\_ Yellow: \_\_\_\_\_ Black: \_\_\_\_\_  
How will you be sending your dog's photo? Email: \_\_\_\_\_ Regular Mail: \_\_\_\_\_  
Overnight mail: \_\_\_\_\_ Priority Mail: \_\_\_\_\_  
Approximate Age: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_  
Has the dog been spayed or neutered? Yes: \_\_\_\_\_ Not yet: \_\_\_\_\_  
If not yet, when will the dog be able to be spayed/neutered? \_\_\_\_\_

Is this dog on heartworm treatment preventative? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is this dog current on all vaccinations? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Does this dog have any special needs (for example, special diet, medication, hearing impairment, vision impairment)? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Medical Information:**

Dog's current location is: Veterinary Hospital: \_\_\_\_\_ Veterinary Clinic: \_\_\_\_\_  
Private Home: \_\_\_\_\_ Foster Home: \_\_\_\_\_ Other: \_\_\_\_\_  
Name of treating veterinarian: \_\_\_\_\_  
Name of clinic/hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email address, if any: \_\_\_\_\_  
What is the dog's medical diagnosis? \_\_\_\_\_

Please provide a full description of the dog's illness or injury and any alternate treatments that have been attempted:

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

What is the recommended course of treatment? \_\_\_\_\_

\_\_\_\_\_

In the opinion of the treating veterinarian, what is the dog's prognosis? \_\_\_\_\_

\_\_\_\_\_

What is the estimated cost of this treatment? \_\_\_\_\_

What is the estimated cost of follow-up treatment, if any? \_\_\_\_\_

Has treatment already begun or been completed on this dog? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when?

\_\_\_\_\_

**Funding Information:**

Please tell us any special circumstances or reasons why financial assistance is needed?

\_\_\_\_\_

\_\_\_\_\_

What attempts have you made to collect financial resources for this Animal? If none, please explain why? \_\_\_\_\_

\_\_\_\_\_

Did you apply for Care Credit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What amount was approved? \_\_\_\_\_ If you did not apply, why not? \_\_\_\_\_

\_\_\_\_\_

Have you discussed a payment plan with your veterinarian? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you contacted any other financial assistance organizations regarding this animal?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify the organization, contact person's name and information, and summarize their response to your situation: \_\_\_\_\_

\_\_\_\_\_

If no attempts have been made, please explain why? \_\_\_\_\_

\_\_\_\_\_

How much have you already spent on this dog's medical treatment for this illness/injury?

\_\_\_\_\_

Cause for paws funds are always limited, and we try our best to help as many animals as we can. We hope that you will be able to pay at least a portion of this bill. How much will you or your rescue group be able to contribute to this bill? \_\_\_\_\_

Please specify the amount you are requesting from Cause for Paws: \_\_\_\_\_

Is the total of the two amounts above different from the estimated cost of treatment?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you are unable to contribute to this dog's care, please explain: \_\_\_\_\_

\_\_\_\_\_

If follow-up treatment is needed and exceeds the costs outlined here, how do you plan to pay for it? \_\_\_\_\_

\_\_\_\_\_

**Completion of Application:**

I acknowledge that all of the information in this form is true and correct to the best of my knowledge. I understand that any misrepresentation of fact may result in my application being withdrawn from the evaluation process, and/or in my application not being approved for funding. I have read the Cause for Paws Eligibility Guidelines (found on the web site at [www.causefurpaws.org](http://www.causefurpaws.org)), and if funding is approved, I agree to abide by all rules and contingencies set forth by the organization. I understand that Cause for Paws reserves the right to refuse or deny any application, and acceptance of an application does not guarantee funding. Your signature on this document serves as legal testament that all information provided on this form, and in subsequent written, oral, and electronic communication with Cause for Paws is complete, true and accurate, to the best of your knowledge.

Signature of Applicant: \_\_\_\_\_

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

**Release of Information:**

Cause for Paws is permitted to use, without compensation to the applicant, any photographic material submitted as part of the application process for publicity, educational, fund raising, or other legitimate corporate purposes. Cause for Paws may publish these pictures on its Internet web site or printed materials for distribution to the public to further its cause.

Cause for Paws is permitted to use, without compensation to the applicant, the following information contained in this application, for its Internet web site or printed fund raising or educational materials: the name, sex, color, and other characteristics of the animals; the information relating to the reason why the applicant is seeking funds to aid animals with Diabetes, such as a description of the medical conditions and health status, treatment and outcome; and other such information that Cause for Paws and the applicant agree for use to further the mission of raising funds to help animals with diabetes.

Cause for Paws agrees to hold confidential the name(s), address, phone number, fax number, and email address of the applicant unless otherwise granted specific permission to use this or

other personal information for legitimate corporate purposes.

Signature of Applicant: \_\_\_\_\_

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

Cause for Paws

47200 De Portola

Temecula, Ca. 92592

951 699-9102 fax 951 767-0677

[vandrews@oakmountainwinery.com](mailto:vandrews@oakmountainwinery.com)

[www.causefurpaws.org](http://www.causefurpaws.org)