



# WEST HIGHLAND WHITE TERRIER CLUB OF AMERICA NATIONAL RESCUE COMMITTEE

## Application for Financial Assistance

It is the goal of the West Highland White Terrier Club of America (WHWTCA) National Rescue Committee (NRC) to assist organizations and individuals with their West Highland White Terrier (Westie) rescue programs and the purebred Westies they rescue. Every effort has been made to make this application as concise as possible in order to provide sufficient information for this purpose. Please answer all the questions as completely as possible. If you need more space to answer these questions, please attach additional sheets of paper. No organization that compensates any member for anything other than out-of-pocket expenses shall be eligible for assistance under this program.

Name of Rescuer or Rescue Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Time to call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you are affiliated with a Regional Westie Club, please state the club: \_\_\_\_\_

If you are an Independent Rescuer, are you a member of the WHWTCA?  yes  no

Is there a Regional Westie Club rescue program in your area?  yes  no

Have you contacted that club?  yes  no

Response from club: \_\_\_\_\_

***A photo of this Westie must be submitted with this application.***

Name of Rescue Westie: \_\_\_\_\_

Sex of Rescue Westie:  male  female Age of Rescue Westie: \_\_\_\_\_

Is the Westie Spay/Neutered?  yes  no If not, will it be done prior to placement?  yes  no

Why was this dog placed in rescue? \_\_\_\_\_

Please describe this rescue dog's background: \_\_\_\_\_

Did any money exchange hands for this dog? If so, please explain. (Use the back of the sheet if needed)

Has this dog displayed any hostility towards humans or other animals?  yes  no If yes, please describe: \_\_\_\_\_

Was this dog denied rescue by any other rescue organization?  yes  no

If yes, please explain reasons why: \_\_\_\_\_

**Breeder and Stud Dog Owner Information**

Breeder and Stud Dog Owner contacted?  yes  no

Breeder's and Stud Dog Owner response: \_\_\_\_\_

Where is this dog currently located? \_\_\_\_\_

Who will foster this dog? \_\_\_\_\_

**IF FUNDS ARE REQUESTED FOR MEDICAL PURPOSES:**

Dog's diagnosis: \_\_\_\_\_

Description of dog's illness/injury: \_\_\_\_\_

Dog's prognosis: \_\_\_\_\_

Course of treatment: \_\_\_\_\_

Cost of treatment: \_\_\_\_\_ Rescue discount given?  yes  no

Amount of funding requested: \_\_\_\_\_

Does your rescue group charge an adoption fee?  yes  no If so, the fee is: \_\_\_\_\_

Will the adoption fee be applied to off set medical expenses?  yes  no

***A copy of the veterinary bill or estimate must be attached to this application.***

Name of Veterinarian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Have you contacted any other organization requesting financial assistance for this dog?  yes  no

If yes, please indicate the name of the organization, contact person and phone number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF FUNDS ARE REQUESTED FOR REASONS OTHER THAN MEDICAL:**

Other reason for requesting funds for your Rescue Program: \_\_\_\_\_

***A copy of the bill(s) or estimate(s) must be attached to this application. PLEASE PROVIDE CONTACT INFORMATION SO THE BILLS MAY BE VERIFIED***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PLEASE SPECIFY THE NAME IN WHICH CHECK IS TO BE MADE OUT IF DIFFERENT THAN ABOVE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If the requested financial assistance will not be used for a specific rescue dog, please attach a detailed explanation of the purpose for which your rescue group will be using the moneys requested. Please include the amount of money you are requesting and indicate whether or not you anticipate requesting additional funds within the next year.

I certify that the information provided here is accurate to the best of my knowledge and that I have the authority to make this application on behalf of my rescue organization. I agree to provide the financial information mentioned above. I further certify, by making this application, my rescue organization does not compensate any member or worker for anything other than out-of-pocket expenses.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

Please mail the Application for Financial Assistance, photo, all applicable bills, receipts and estimates to:

Kandy Merric, Chair  
WHWTCA National Rescue Committee  
208 Baldwin Place  
Oceanside, NY 11572-2341  
Tel: (516) 764-1937  
Email: [iluvwhwt@aol.com](mailto:iluvwhwt@aol.com)

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