

Hope. Help. Heal.

The Cowboy and Rousseau Animal Assistance Fund (CARAAF) is a 501(c)(3) charitable organization dedicated to providing hope and healing for rescue dogs with medical needs by offering financial assistance for the families who love them. To fulfill our mission, we offer qualified, approved applicants, grants between \$500 and \$2000, payable directly to attending, licensed, insured veterinarians. We have set specific criteria in place to help us evaluate and award such grants based on these guidelines, with consideration for optimal, long term treatment and rehabilitation, as well as exceptional lifetime care for applicant dogs.

BEFORE YOU COMPLETE THE CARAAF GRANT APPLICATION, PLEASE READ AND CAREFULLY REVIEW EACH OF THE FOLLOWING PRE-SCREENING CRITERIA. IF YOU ANSWER NO TO ANY OF THE PRE-SCREENING QUESTIONS BELOW, YOU WILL NOT QUALIFY FOR FUNDING AND WE ASK THAT YOU DO NOT SPEND YOUR VALUABLE TIME COMPLETING OR SUBMITTING OUR APPLICATION.

CARAAF is currently funding applications for \$500 to \$2000 per incident, per lifetime, per household. Funding for approved applications will ONLY be made directly to licensed, insured veterinarians. If you are unable to pay for the residual balance of the medical treatment/procedure(s) necessary, prior to, or at the time CARAAF funds the approved portion of the medical treatment/procedure(s) necessary, your request will be denied. CARAAF will require proof of your payment, from your attending veterinarian, prior to funding approved grants/issuing payment to the veterinarian, and only after service is rendered.

Applicants are not entitled to any compensation or reimbursement for expenses or time associated with the application process. Applicants will be notified of approval, request for additional information, or denial, in a reasonably timely manner. Applicants may not receive details regarding the approval or denial of their application.

Veterinary treatment and/or diagnosis should not be scheduled based upon this application. It is essential that your dog's medical needs are addressed independently, and in a safe and timely manner, based on individual needs, regardless of application with CARAAF. CARAAF makes no assurance of funding nor may there be any reliance upon funding on behalf of the applicant, or their household. CARAAF is not responsible for delays in funding for approved applications.

The Cowboy and Rousseau Animal Assistance Fund (CARAAF) does not discriminate on the basis of age, sex/gender, race, religion or sexual orientation.

CARAAF reserves the right to approve or deny funding for any reason.

CARAAF does not select, nor make any representations regarding your attending veterinarian.

CARAAF is not nor will be responsible for any additional medical treatment your dog may require, at any time, now or in the future.

CARAAF makes no assurance of quality of care, immediate, future, direct or indirect outcome as a result of veterinary treatment.

CARAAF will not consider or fund previously administered treatment or surgery.

Please note, we will only accept typed, signed applications, sent by email to **care@caraaf.org**. To be sure information is legible and to keep accurate records, we are unable to accept hand-written applications.



PRE-SCREENING QUESTIONNAIRE

- 1** CARAAF only funds requests for medical treatment for dogs rescued from a verifiable rescue or shelter organization. We do not fund requests for dogs that have been purchased; this includes but is not limited to dogs purchased online, from a pet store, retail location, any individual, any breeder, group or non-rescue organization.

Is the animal you are requesting funding for a dog who was adopted from a verifiable rescue or shelter organization? **YES** **NO**

- 2** CARAAF only funds requests for non-emergency illness, injuries, surgeries, including but not limited to cancer treatment, heart disease, kidney and liver diseases, complications arising from disorders and chronic conditions such as diabetes, Cushing's, endocrine and auto-immune diseases, eye diseases and disorders, and other non-routine treatments, surgeries and advanced diagnostics. We do not fund requests for routine check-ups, vaccines, spay/neuter, preliminary x-rays, blood tests, diagnostics and common conditions including but not limited to Bordetella.

Are you applying for a non-emergency, non-routine surgery, illness, injury, or chronic condition that requires surgery, treatment or advanced diagnostics? **YES** **NO**

- 3** Only applicants who are able to provide medical records that evidence their dog has received regular, annual check-ups, vaccinations, timely and complete medical care, will be considered and should apply for funding.

Have you provided your dog with regular, annual check-ups, vaccinations, timely and complete medical care as needed? **YES** **NO**

- 4** At some time during, or after your initial application has/is been/being reviewed, or has been pre-approved, CARAAF may/will require access to your social media pages, and your dog's veterinarian and corresponding medical records. As such, we may/will require that all applicants provide social media account information and accept related "friend requests", as well as complete an authorization for release of information which will be sent to your veterinarian to authorize them to release confidential and potentially sensitive information relating to you, and your dog's medical history and status of your payment history with your veterinarian. CARAAF will not ask your attending veterinarian for details of your payment methods.

If you apply for a grant from CARAAF, will you grant CARAAF, or its direct assign/authorized agent, access to your social media pages, and sign an authorization for release of information from your veterinarian? **YES** **NO**

- 5** If you are approved for funding, you will be required to submit a copy of your driver's license and one other form of photo ID and/or a copy of a utility bill, to verify your identity. In addition, you will be required to permit CARAAF to use your name, likeness (in photographs, video and or audio recordings) across all media channels, throughout the universe. This information will only be requested if your application for funding is approved.

Do you agree to submit the required proof of identification and authorize CARAAF to use your name and likeness as detailed above, if your application is approved for funding?
YES **NO**

If you have answered "Yes", to all of the questions above, you may proceed with completing an application for funding. If you have answered "No", to any one of the questions above, you do not qualify to apply for funding and you may not request funding as your application will be denied.

GRANT APPLICATION FORM

Applicant Name: FIRST MIDDLE LAST

MARRIED SINGLE DIVORCED

If divorced, do you have sole custody and responsibility for the dog you are applying for: **YES** **NO**

Do you currently live in a: HOUSE OWN RENT CONDO/APARTMENT OWN RENT

Please provide residential information for the past six (6) years:

ADDRESS

CITY STATE ZIP CODE YRS AT RESIDENCE

ADDRESS

CITY STATE ZIP CODE YRS AT RESIDENCE

ADDRESS

CITY STATE ZIP CODE YRS AT RESIDENCE

Are you currently employed: **YES** **NO**

If you are not currently employed, please provide information describing how or if you are transitioning between jobs, and how you are able to financially provide for your dog:

If you are currently employed, please provide work history details for the past four (4) years:

COMPANY NAME POSITION

ADDRESS

CITY STATE ZIP CODE YRS EMPLOYED

COMPANY NAME POSITION

ADDRESS

CITY STATE ZIP CODE YRS EMPLOYED

COMPANY NAME POSITION

ADDRESS

CITY STATE ZIP CODE YRS EMPLOYED

GRANT APPLICATION FORM, cont.

If applicable, is your spouse or domestic partner currently employed: **YES** **NO**

If you answered "Yes", please provide details of his/her employment:

COMPANY NAME	POSITION		
ADDRESS			
CITY	STATE	ZIP CODE	YRS EMPLOYED

Applicant Spouse/Domestic Partner Name: FIRST MIDDLE LAST

Name(S) of others who live in the family home with your dog:

FIRST	LAST	AGE	RELATIONSHIP
FIRST	LAST	AGE	RELATIONSHIP
FIRST	LAST	AGE	RELATIONSHIP
FIRST	LAST	AGE	RELATIONSHIP
FIRST	LAST	AGE	RELATIONSHIP

Dog Name:

Dog Breed/Mix *(Best guess is acceptable.):*

Dog DOB *(Best guess is acceptable - must match veterinary records.):*

Current Weight of Dog *(in lbs):*

Dog License Number:

City of Registration:

State of Registration:

(If your dog is not currently registered in the county you live in, you will be required to register your dog prior to receiving funding, if approved.)

Date of Dog Adoption:

Organization/Shelter Dog was Rescued From:

Organization/Shelter Address:

ADDRESS		
CITY	STATE	ZIP CODE

GRANT APPLICATION FORM, cont.

Organization/Shelter Phone Number:

Attending Veterinarian Name:

Attending Veterinarian Office/Practice Name:

Attending Veterinarian Address:

ADDRESS

CITY

STATE

ZIP CODE

Attending Veterinarian Phone Number:

Attending Veterinarian Office Contact Name:

Is your dog microchipped? **YES** **NO**

Do you have a yard that your dog has access to? **YES** **NO**



If "YES", is your yard fenced? **YES** **NO**

Amount of grant being requested *(between \$500 AND \$2000)*:





GRANT APPLICATION QUESTIONNAIRE

Please describe the following in as much detail as possible:

- 1** Tell us about your dog, how and what prompted you to adopt him/her, details of his/her personality, his/her relationship with each family member, his/her favorite activities, his/her quirks or distinguishing traits, etc.:
 - 2** Tell us about your dog's human and animal siblings *(if any)*:
 - 3** Please describe your dog's overall health prior to needing the medical treatment/surgery for which you are requesting funding. Please include any pre-existing conditions and how you have treated or manage(d) them *(This will also be documented in your dog's medical records but we would like an overview in your own words.)*:
 - 4** Why are you seeking financial assistance for your dog's medical care?
 - 5** How will you pay for the portion of medical treatment required that may NOT be funded by CARAAF?
 - 6** How are you prepared to care for your dog post treatment/surgery?
 - 7** How are you prepared to financially provide for your dog long-term?
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GRANT APPLICATION QUESTIONNAIRE

Please describe the following in as much detail as possible:

- 8 What is your long-term hope for your dog?
 - 9 What, if any, supplements and treats do you give your dog regularly?
 - 10 Where does your dog spend his/her day? *(Describe your dog's daily routine)*
 - 11 How do you exercise your dog?
 - 12 If you work out of the home, how is your dog cared for while you are at work?
 - 13 Where does your dog sleep at night?
 - 14 When you travel or are away from home for an extended period of time, where does your dog stay and how is he/she cared for?
 - 15 Under what conditions would you surrender your dog to a shelter?
 - 16 Under what conditions would you euthanize your dog?
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GRANT APPLICATION DOCUMENTATION REQUIRED

Please attached PDF, JPEG or PNG files of the following:

- 1 Certificate of Adoption *(Must be signed and dated)*
- 2 A medical evaluation, treatment summary and opinion of the attending veterinarian as to the medical necessity, urgency, and risk of the treatment needed and applied.

NOTE: A copy of your dog's complete medical history and records may be requested at any time during the application review or prior to funding if your grant application is approved.

GRANT APPLICATION RELEASE AND SIGNATURE

I, _____, the undersigned do hereby attest that all information provided in this questionnaire is complete, accurate, truthful, and was detailed to the best of my ability and recollection, and, that I have not intentionally edited or omitted any information that may be relevant to the information requested. I authorize CARAAF to use this information for purposes of evaluating my request for a grant to fund a portion or all the veterinarian expenses detailed in this application for the dog identified in this application, at its sole discretion.

I also understand that the information provided by me may be used only for the purpose of evaluating and possibly funding, this grant request. And, that the information contained herein may be shared with the officers, Board of Directors, volunteers, agents, or assigns of CARAAF, without my knowledge, for the purpose of evaluation. I understand that the information disclosed and used pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. I also agree that I waive any claims against CARAAF, its officers, Board of Directors, volunteers, agents, or assigns for using or sharing this information in accordance with or related to the application, grant requested or process submitted to.

I also attest that I am applying for financial assistance because paying for the medical treatment or surgery as prescribed by my veterinarian would create a financial hardship on me/my family. I also understand that that while CARAAF will not review or audit my personal finances, I attest that these statements are true and I am applying in good faith and will use every resource available to provide the best, most complete care for my dog, before and after medical treatment is rendered and/or surgery is complete, and that I will follow long term care instructions provided by my veterinarian and follow-up with my veterinarian as required. I also understand and agree that if I am found to have mis-represented any information on this application, or I am found to be non-compliant with these terms, I may be required to refund a portion or all of the funds remitted to my veterinarian by CARAAF for partial or complete payment of the approved treatment and/or surgery for which I applied for.



GRANT APPLICATION RELEASE AND SIGNATURE, cont.

I also do hereby waive, release, and forever discharge CARAAF, its officers, Board of Directors, volunteers, agents of, or assigns from any and all responsibility or liability that may be directly or indirectly related to the outcomes of applying for, funding, or waiting for funding of this grant, or from my or my household's decision(s) to treat, or waive treatment for my dog, and/or the results of any treatment or waiver of treatment, now or at any time in the future .

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of California, and that if any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

This release, waiver and indemnity agreement shall be governed by and construed in accordance with the laws of the State of California.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT AND A RELEASE OF LIABILITY BETWEEN MYSELF AND RELEASEES AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING THIS AGREEMENT, I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER.

PRIMARY APPLICANT NAME

6m1nd]b['a mbUa Y'cb'h.]g"bYZ=UW_bck `YX[Y'h.]g]ga mcZMjU" gj[bUh fy `Z:f'h.]g7 UfUUZUdd`jWjcb"

DATE

CO-APPLICANT/SPOUSE NAME

6m1nd]b['a mbUa Y'cb'h.]g"bYZ=UW_bck `YX[Y'h.]g]ga mcZMjU" gj[bUh fy `Z:f'h.]g7 UfUUZUdd`jWjcb"

DATE

