Guidelines for Applying for Assistance

To be considered for funding assistance from Clooney & Walter, please review the following eligibility and application requirements:

- **Eligibility:**
  Dogs must be actively involved in a recognized sport, working role, or service. Examples include: *Agility, Rally, Fast CAT, Dock Diving, NASDA, Conformation, Obedience, Therapy Work, or Retired Police, Military, TSA Dogs, Performance or Sport Dog.*

- **Proof of Participation:**
  Applicants will be asked to provide documentation verifying their dog's involvement in the activities listed above.

- **Veterinary Cost Estimate:**
  A written estimate for services from a licensed veterinary clinic is required. If treatment has already occurred, a copy of the paid invoice for emergency services may be submitted instead.

- **Case-by-Case Review:**
  All funding decisions are made individually. Our organization will determine whether financial assistance can be provided, amount that can be offered, and if additional funding may be available for ongoing care.

- **Payment Policy:**
  Funds will not be distributed directly to owners or handlers. Approved payments will be made to the veterinary clinic. In some instances of special circumstances, upon approval from the board, payment may be may to a credit card in compensation for payment made to a veterinary clinic. This excludes payments made via cash, check or debit card.

- **Submitting Your Application: (Please Print Clearly)**
  Applications can be submitted in one of the following ways:

  - Online (link provided on our website)
  - Via email to: **kathy@clooneyandwalter.org** Please ensure all required fields are completed.

  Incomplete applications may delay or prevent assistance.

- **Follow-Up:**
  A team member from Clooney & Walter will reach out to confirm your application has been received and to ask any necessary follow-up questions.

- **Non-Discrimination Statement:**
  Clooney & Walter does not discriminate based on dog breed, qualifying activities, age, gender, sexual orientation, race, or disability.

- **Right to Refuse:**
  We reserve the right to deny funding to any applicant, for any reason. Please read the application agreement in full before submission.

Application for Assistance

Applicant Information

Your Name: _____

Today's Date: _____/_____/_____

Best Contact Number: _____

Mailing Address:

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Alternate Contact (optional): _____

Dog Information

Dog's Name: _____

Date of Birth (DOB): _____/_____/_____

(Please include photos of your dog if available.)

- Has your dog already received treatment for the condition?
  ☐ Yes ☐ No
  If yes, please attach a copy of the paid invoice.
- Is the situation urgent or life-threatening and requiring immediate care?
  ☐ Yes ☐ No
- Has your veterinarian given a positive prognosis?
  ☐ Yes ☐ No

- Has your veterinarian recommended follow up visits?
  ☐ Yes ☐ No
- Has your veterinarian recommended rehabilitation/physical therapy visits?
  ☐ Yes ☐ No
- Do you have a written estimate for services from your veterinary clinic?
  ☐ Yes ☐ No
  Please include a copy of the estimate with your application.
- Do you have Pet Insurance?

  ☐ Yes ☐ No

  If yes, what amount will be reimbursed? _____
- Do you have any additional funding such as GoFundMe or other fundraising efforts?

  ☐ Yes ☐ No

  If yes, what amount has been raised _____(Please send a link if GoFundMe_____)
- What organizations or activities does your dog participate in?

- Is your dog a:
  ☐ Service Dog ☐ Retired Military Dog ☐ Retired Police Dog
  ☐ Other: _____

Medical Information

Tell us about your dog's injury, illness, or medical condition:
(Please be as detailed as possible, use additional pages if needed)

Consent & Acknowledgement

(Please initial)

_____I give permission to Clooney & Walter to use photos, names and information about our story for promotional and informational purposes.

_____I give permission to Clooney & Walter to use photos and information, but no other identifying information (such as names).

_____I would prefer my information remain private, please don't share my story.

Signature: _____

Date: _____/_____/_____