



# Ellen and Carol Colwell Bichon Frise Rescue Fund

Administered by the Bichon Frise Club of San Diego

## Application for Funds

Applicant's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Age of dog: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Vet. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have permission to contact your veterinarian? Yes No

Where did you get your Bichon? \_\_\_\_\_

What is the problem for which you are asking assistance? \_\_\_\_\_

\_\_\_\_\_

How much money do you need? \_\_\_\_\_

Why are you unable to pay for this yourself? \_\_\_\_\_

\_\_\_\_\_

What will you do if you are unable to secure funding? \_\_\_\_\_

\_\_\_\_\_

Will you be able to repay the fund for some/all of the cost? Yes No

When: \_\_\_\_\_

If you are unable to secure funding are you willing to relinquish ownership of your dog to a rescue group for care and rehoming? Yes No

**\*\* Please attach/send a recent photo with this application.**

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**FOR INTERNAL USE ONLY:**

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

Date of Action: \_\_\_\_\_

Committee action: \_\_\_\_\_

\_\_\_\_\_

**Email completed application to: [ljrphd@cox.net](mailto:ljrphd@cox.net)**