

## Corgi Assistance Fund Application Form

Please complete this application form to be eligible to receive reimbursement for medical/therapeutic treatment or behavioral training from the Corgi Assistance Fund. Treatment or services must occur during the funding cycle of September – August following the Corgi Walk (e.g., September 2020 through August 2021). All of the information for the type of care your Corgi received must be stated clearly. The information on the Form will be private and confidential and not shared or be made public without your permission.

<b>Date of Application</b>	
<b>Date Registered for Corgi Walk:</b>	
<b>Applicant Information</b>	Name: Address: E-mail: Phone Number: Name of Corgi:
<b>Service Provider Information:</b>  <b>Medical Treatment</b>	Veterinarian: Address: Phone Number: Diagnosis: Treatment: Date of Treatment: Cost:
<b>Service Provider Information:</b>  <b>Therapeutic (rehabilitation therapies)</b>	Veterinarian/Certified Veterinary Assistant: Address: Phone Number: Diagnosis: Treatment: Date of Treatment:

	Cost:
<b>Service Provider Information:</b>  <b>Behavioral Training</b>	Certified Behavioral Trainer:  Address:  Phone Number:  Diagnosis:  Training:  Date of Training:  Cost:
<b>Reimbursement*:</b>  <b>Pet Insurance</b>	Name of Company:  Policy #:  Address:  Phone Number:  Diagnosis:  Amount of Reimbursement:  Date of Reimbursement:
<b>Reimbursement or pre-service grant*:</b>  <b>Pet Fund (e.g., CorgiAid; Velvet Assistance Fund; The Pet Fund; RedRover; The Magic Bullet Fund; Friends &amp; Vets Helping Pets)</b>	Name of Organization/Fund:  Address:  Diagnosis:  Amount of Grant:  Date of Grant:
<b>Reimbursement or pre-service grant*:</b>  <b>Pet Fund (e.g., CorgiAid; Velvet Assistance Fund; The Pet Fund; RedRover; The Magic Bullet Fund; Friends &amp; Vets Helping Pets)</b>	Name of Organization/Fund:  Address:  Diagnosis:  Amount of Grant:  Date of Grant:

<b>Crowdfunding Campaign*:</b>  <b>(e.g., GoFundMe online fundraiser; personal fundraiser)</b>	Name of Fundraiser:
	Date of Fundraiser:
	Website:
	Medical Illness/Behavioral Issue:
	Amount raised:

\* Amounts from these sections of the Application will be deducted from the CAF reimbursement amount.

Submit the completed Application Form with the following:

- Bill for Services or Invoice showing diagnosis and treatment provided and payment made for specific treatment or training. Please black out any check or credit card identification numbers.
- A recent full body photo of your Corgi.
- Signed application form with the following statement:

**The information I am providing to the Corgi Assistance Fund is truthful and accurate. The Corgi Assistance Fund will not be held liable for any false claims made to the Corgi Assistance Fund. The Corgi Assistance Fund reserves the right to deny funding if false information is given.**

**I give my permission to contact the veterinarian, veterinary specialist, or behavioral trainer for clarification of information on a receipt or invoice, if needed.**

**Signed:**

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Submit the completed form and documents via e-mail attachment to [corgiassistancefund@aol.com](mailto:corgiassistancefund@aol.com) or US mail to:

Lynde Paule  
 Corgi Walk in the Pearl  
 1231 NW 25<sup>th</sup> Ave., #4  
 Portland, OR 97210