

Your Membership in "All Breed Rescue Network" Just Became More Valuable!

APPLICATION FOR ABRN GRANT MONEY

Grant funds can only be made for procedures performed by a *veterinarian who is licensed to practice in Colorado and is also a member of either the Colorado Veterinary Medical Association (CVMA) or the Denver Area Veterinary Medical Society (DAVMS). You can call 303-318-0447 to verify.*

Please note we require one application per request and one application per animal. Also know there is a 12 month \$400.00 per breed maximum. The maximum reimbursement will be \$250.00 per animal.

General Medical, Spayed/Neuter or Extraordinary Medical Expenses
(invoices must be dated after 8-1-08)

- a) Complete all Sections of this application
- b) Return 3 copies the application, with 3 copies of the paid veterinary invoice.
- c) Include a self addressed stamped envelope (so we may mail you a check)
- d) **Mail or Email** the 3 above items to:
Karen Brown
11460 E Parker Road
Parker, CO
80138-7813

Applications will be considered in the order they are received. Incomplete applications without all the necessary information cannot be accepted and you will be notified. Completing this application does not guarantee reimbursement. We have limited funds available and must comply with the grant requirements.

All programs are based on reimbursement requirement. You will need to pay your veterinary provider and submit your paid invoices to ABRN.

If you have submitted for reimbursement of these expenses to any other funding program, we will be unable to double indemnify you.

For ABRN use only (do not write below this line)

Name of Pet _____ Rescue Group _____
Name of ABRN board member that approved this request _____
Date request received _____ Amount Approved for Payment _____
ABRN check number _____ Date mailed to Rescue Group _____

1. GROUP DATA

ABRN Rescue Group Name _____

Contact Person (person completing this form): Name _____

Address _____

City, State, Zip _____

Phone numbers: Home _____ Work _____ Cell _____

Email _____ Best way to contact you regarding this matter _____

Name of animal being treated _____ Breed _____ Age _____

Does this animal have other health and/or behavior issues? ___ yes ___ no Please explain _____

2. FUNDING REQUEST

Date of procedure _____

Veterinarian used for procedure:

Name: _____ (must have complete information)

Address: _____ City _____ State _____ Zip _____

Phone: _____ email address _____

Describe procedure(s) needed for above animal. Please be specific.

Discount given by veterinarian \$ _____

Readjusted cost \$ _____

Amount contributed by requesting rescue group \$ _____

Amount requested from ABRN \$ _____

I understand that this is not a guarantee of funding. This request will be reviewed by the ABRN grant committee and you will be notified if any money will be available for your procedures. I also understand that this is a reimbursement program. The rescue group that I represent is responsible for payment to the veterinarian, and ABRN will reimburse the rescue group unless other arrangements have been made in advance.

Signature of applicant _____ **Date** _____

Call or email question to:

Karen Brown,
lebeardz@aol.com
303-841-6052

Jeanne Phipers
phipers@msn.com
303-985-2811

Diane Leshner
dlsport@comcast.net
303-520-0705

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