



DATE: _____

NAME OF RESCUE ORGANIZATION: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____ 501(c)(3) No.: _____

ANIMAL'S NAME: _____

BREED: _____ AGE: _____ MALE FEMALE (CIRCLE ONE)

MEDICAL CONDITION: _____

BRIEFLY DESCRIBE ANIMAL'S HISTORY: _____

DESCRIBE THE MEDICAL PROCEDURE THAT WAS PERFORMED: _____

CONTACT INFO, INCLUDING PHONE NUMBER, FOR VETERINARIAN/ANIMAL HOSPITAL: _____

COST OF THE MEDICAL PROCEDURE/CARE: _____

(Please include the following documents with this form)

- COPY OF SHELTER PAPERWORK
- COPY OF THE VET/HOSPITAL BILL
- PHOTOS OF THE ANIMAL BEFORE AND AFTER THE PROCEDURE/TREATMENT

NOTES FOR INTERNAL USE: _____

GRANT AMOUNT: \$ _____ DATE GRANTED: _____

(Attach a copy of grant check)

Providing funding to qualified non-profit animal rescue organizations for the treatment of sick and injured animals.
The Tailwaggers Foundation is registered as a 501(c)(3) (Tax ID # 46-3148361) non-profit organization.

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