



The purpose of Shorty's Charities is to help homeless or rescued Pit Bulls suffering from conditions that require emergency veterinary care who would not receive treatment without these funds.

Individual Financial Assistance Application

Please read the following criteria before completing the following request form. Financial assistance for individuals will usually range between \$100 and \$300. Shorty's Charities' funding decisions are based on several factors, including: urgency, financial need, eligibility and available funding.

Eligibility Guidelines

Applicant(s) must:

- Live within the United States.
- Have a concrete plan for how the dog's current and future needs to be met.
- Must have an income less than the [US Median](#) for your state.
- If approved, the applicant must agree to provide photos and updates to Shorty's Charities.

The dog(s) must:

- Be spayed/neutered (financial assistance may not include spay/neuter costs).
- Be a companion animal that was directly injured or displaced by personal, natural or man-made disaster.
- Be one of the following breeds and/or mixes: American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, American Bulldog, verifiable by veterinary records and/or shelter paperwork.
- Have already seen a veterinary hospital and received an estimate for care.

The veterinary clinic providing care must:

- Be aware of the circumstances affecting the client and the client's financial need.
- Provide Shorty's Charities with a written estimate at Shorty's Charities request.
- Provide copies of veterinary file/records specific to the care financed for this dog to Shorty's Charities upon request.
- Accept payment from Shorty's Charities within but no later than 30 days services are completed.

Shorty's Charities is not able to help if any of the following apply:

- The dog's care needs are not a life altering medical condition.
- The veterinary care can be financed through Care Credit or pet insurance or the like.
- The veterinary hospital accepts payments over time.
- The veterinary care has already been completed.
- Your household income exceeds the [US Median](#) for your state.
- Shorty's Charities funding resources have been depleted.

APPLICATION FOR FINANCIAL ASSISTANCE (Must complete all fields to be considered.)

Contact (first & last name): _____

Address: _____

City, State, Zip: _____

Contact Phone: _____

Contact Email: _____

Have you ever received funds from Shorty's Charities, Shorty's Rescue or Shortywood Productions? Yes No
If so, when? _____

How did you hear about us? _____

Dog's Name: _____

Breed: _____

The dog in need of funds must be one of the following breeds and/or mixes: American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, American Bulldog. This must be verifiable by veterinary records or shelter paperwork.

Age of dog: _____

Sex: Male Female

Spayed/Neutered? Yes No

All dogs receiving this assistance must be spayed or neutered, unless a sterilization waiver for medical reasons is provided by a veterinarian or the dog is under four months of age.

If no, when will this be done? _____

How long have you had this dog in your care? _____

How was the dog acquired? What circumstances brought you to become the legal guardian of this dog?

Describe the dog's emergency medical need. Include a description of the injury or illness, how long this dog has been sick or injured and the cause of the injury or illness if known.

Indicate the specific treatment needed, the urgency of the treatment and any follow-up care required.

Veterinary Hospital that will provide services for the dog:

Veterinarian: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

What is the estimated total cost of treatment?

\$ _____

How much are you able to contribute?

\$ _____

Have you applied for Care Credit through your veterinary office? Yes No

Date: _____

Result of financing request: Approved Declined

How much have you received from other funding sources?

\$ _____

Describe your personal current financial hardship.

Complete all fields to be considered. Incomplete applications will not be considered. Once completed please email: julie@shortyscharities.org or info@shortyscharities.org

All submissions will be reviewed by Shorty's Charities Inc and must be approved by Board Members. You will be contacted within 72 hours of receipt.

**Shorty's Charities Inc is a registered non-profit corporation in the state of California.
EIN#30-0611944 www.shortyscharities.org**