



The purpose of Shorty's Charities is to help homeless or rescued dogs suffering from life-threatening conditions that require emergency veterinary care. The goal of the Shorty's Medical Fund is to help bully breeds who would not receive treatment without these funds.

## Rescue Grant Application

Please read the following criteria before completing the following request form.

501c3 rescue groups must submit plea for help to with specific amount needed, medical verification by a veterinarian that the procedure is needed, and the dog(s) must be spayed or neutered, the surgical procedure is urgent and funds are not available elsewhere. Shorty's Charities will fund up to the gap between the amount of the funds raised and the cost of the medical procedure and the rescue group must verify that they are actively fund raising for this dog. Shorty's Charities will not contribute to boarding costs for dogs. 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.

Rescue Group Name: \_\_\_\_\_  
501c3 Tax ID Number: \_\_\_\_\_  
Contact (first & last name): \_\_\_\_\_  
Your affiliation or title with group: \_\_\_\_\_  
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? \_\_\_\_\_

Are you currently fund raising for this dog's care? Yes No

If so, please reference links to rescue pleas (dated please) and/or website pages here:

\_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

**The dog in need of funds must be one of the following breeds: American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, American Bulldog, Cane Corso, Presa Canario, Dogo Argentino, Old Country Bull Dog or any mix of the above. Breed must be verifiable by veterinary records or shelter paperwork as well as a photo of the dog in your care.**

Age (estimated is fine): \_\_\_\_\_

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? \_\_\_\_\_

Date that the rescue group acquired the dog? \_\_\_\_\_

Describe the circumstances of where the dog came from, and how s/he became the responsibility of the rescue group referenced in this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Website where the dog will be placed for adoption once medical needs are met (please reference all that apply): \_\_\_\_\_

Does this case involve animal cruelty charges?    Yes    No  
If so, please indicate the police department and report number:  
Police Department \_\_\_\_\_  
Report Number \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Veterinary Hospital that will provide services for the dog:  
Veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

What is the estimated total cost of treatment?  
\$ \_\_\_\_\_  
How much is the Rescue Group able to contribute?  
\$ \_\_\_\_\_  
How much have you received from other donations?  
\$ \_\_\_\_\_

Describe the rescue group's current financial hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**All submissions will be reviewed by Medical Director of Shorty's Charities Inc and must be approved by Board Members and you will be contacted within 48 hours of receipt.**

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