American Manchester Terrier Club Rescue Grant Reimbursement Application

Rescue Group Name:		
Web Site:		
Individual Name:		
Address:		
City/State/Zip		
Phone #:		
Email:		
Amount Requested: \$		What is the status of this dog? (Select one) Under evaluation Adoptable Adopted What is your adoption fee for this dog? \$
Please describe the state of this dog's health and what ailments the dog may have overcome or is currently under treatment for/ or will undergo treatment for:		
Breakdown of expenses this request will cover:		
When were these expenses incurred? (please note the grant only covers expenses that have been paid to date)		
What are the total expenses applied to this dog to date? (include everything, including things not covered by this grant):		
What are future anticipated expenses for this dog? (include everything, including things not covered by this grant):		

Have you received donations or grants from individuals or organizations to cover the cost of this dog's care, either partial or in full? _____Yes, _____ No If yes, please state the amount in total donations/grants received: \$_____

I affirm that to the best of my knowledge, the above information is truthful and I have permission to act on behalf of any organization or individual I may represent.

AMTC GRANTS FOR RESCUED MANCHESTER TERRIERS

The American Manchester Terrier Club Rescue program supports the efforts of other non-profit organizations and individuals who have rescued purebred Manchester Terriers. Grants of up to \$500 may be approved by the AMTC Rescue chair. Larger grants must be reviewed and approved by a majority vote of the AMTC Board of Directors. All grant applicants must adhere to the following guidelines: REQUIREMENTS

• The dog must resemble a purebred Manchester Terrier.

- The dog must be in the care of a 501(c)3 non-profit rescue, shelter or pound. Individuals may qualify under certain circumstances. Contact the Rescue Chair for more information.
- The grant is reimbursement for medical expenses incurred. The grant application must be submitted within 30 days of the expense.
- The dog must be advertised as adoptable on the AMTC Rescue Web Site (dogs do not receive or apply for grants may still be listed on the rescue web site)

ELIGIBLE EXPENSES INCLUDE BUT ARE NOT LIMITED TO:

- Vet exam fees.
- Vaccines.
- Spay/Neuter surgery.
- Dental cleaning and tooth removal.
- Sedation.
- Surgical procedures deemed necessary for the health of the dog.
- Drugs prescribed by a vet.
- Heartworm testing and heart worm treatment.
- Treatment for parasites/worms.

INELIGIBLE EXPENSES INCLUDE BUT ARE NOT LIMITED TO:

- Elective veterinary procedures/surgery not necessary for the health of the dog.
- Food, crates and dog supplies.
- Microchipping/Microchip registration when the contact is NOT an AMTC representative
- Vitamins and supplements.
- Chemo.
- Training.
- Boarding.
- Travel/Gas/Mileage reimbursement.

APPLICATION REQUIREMENTS

- Grant application with all fields completed
- If a shelter, rescue, or pound, proof of 501(c)3 status must be submitted.
- If an individual, must be a member in good standing of the AMTC.
- Signed letter from the rescue organization or individual affirming that the dog is in their care and available for adoption.
- Photos of the dog: front facing and standing profile. Or a representative approved by the AMTC Rescue Chair may view the dog in-person to verify the dog resembles a purebred Manchester Terrier.
- Veterinary invoice with all applicable expenses underlined or highlighted.
- Letter from the veterinarian affirming that a dog matching the rescue dog's description received the listed treatment at his/her practice.
- Photo and bio for adoption listing.