



Scottish Terrier Rescue of Florida Medical Emergency Fund Application

*Instructions: Please respond to the following questions as specifically as possible. All information must be completed in full in order for the application to receive consideration. Each item marked with an * must be answered.*

Email your completed application to:

floridascottiesrescue@gmail.com

Or, mail it to:

STROF President
10567 117th Way N.
Largo, Florida 33778

Providing the requested information will allow the STROF Board to properly investigate the need, determine the veracity of the request, and evaluate the request based on its merits. By providing this information, you are consenting to using it in the manner described. We value your privacy and will not disclose your information to any third party other than for verification of your request.

First and Last Name*	
Street Address*	
City and State*	
Zip code*	
County*	
Cell Phone Number (with area code)	
Work Phone Number (with area code)	
Home Phone Number* (with area code)	
Email Address*	
Re-enter Email Address*	
How would you prefer that we contact you? *	
What is the name of the Scottie in need of assistance? *	
What date did you adopt your dog from STROF? *	

Please provide specific information about your situation and explain why you are requesting a medical emergency grant for this dog: *	
Describe the type of assistance you are requesting (i.e. medical expenses, surgical procedure, special food, etc.): *	
List the name and telephone number of the treating veterinarian who has knowledge of your dog's condition: *	
How much funding are you requesting? *	
I affirm that all the information contained on this application is true and correct. *	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that you may contact my veterinarian. *	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
My typed signature below indicates my full understanding of the above statements, and of the accuracy of all of the information contained in this application. *	
TYPE YOUR FULL NAME BELOW AS YOUR ELECTRONIC SIGNATURE. *	
Date of Application: *	
Please add any comments or questions you may have here.	

Scottish Terrier Rescue of Florida is an independent, tax exempt all volunteer charitable organization with IRS 501(c)(3) nonprofit status and registration in the State of Florida under the Solicitation of Contributions Act.