

Bernese Emergency Health Assistance Fund, Inc. (BEHAF)

BEHAF Application for Assistance



Part I - Dog Owner Application

Part I: 1 of 1 pages

Thank you for your interest in BEHAF. Please submit your completed application with supporting documents to: Ruth Nielsen, Nielsen Law Office Inc., P.S., 927 N. Northlake Way Suite 301, Seattle, WA 98103-1119. Once your application and supporting veterinary documentation are received, the BEHAF Board of Directors will convene to take action on your application. You will be notified by mail as soon as a decision has been reached. All financial information will remain strictly confidential. The decision of the BEHAF Board of Directors is final.

INSTRUCTIONS: Please complete the following information, attaching additional pages as needed. Enclose a copy of your latest federal income tax return (or equivalent for applicants who are not residents of the United States) and a recent photograph of your dog. Have your veterinarian mail the medical certification directly to BEHAF at the address above.

Name : _____

Address: _____

Phone: (day) _____ (evening) _____ E-Mail: _____

List occupations of adult members of the household: (1) _____

(2): _____

Total number of people living in home - Adults: _____ Children: _____

Total number of pets/animals owned by the entire family and type: _____

Do you breed any animals? If yes, please specify the species, breed, and approximate number of offspring each year: _____

Registered name of dog requiring assistance: _____

Call Name: _____ Registering body: _____

Name of breeder from whom dog was acquired: _____

Breeder's Address: _____

Breeder's phone number: _____ Breeder's e-mail: _____

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Part II: Veterinary Certification

Part II: 1 of 2 pages

Must be completed by a licensed veterinarian.

Name of Treating Veterinarian: _____

Address: _____

City: _____ State/Prov. _____ Postal Code: _____

Country: _____ Phone: _____ E-mail: _____

Family name: _____ Date: _____

Name of Bernese Mtn Dog: _____ Age: _____

How long have you provided health care for this family's animals? _____

Good health and medical condition prior to this accident/illness? _____

Diagnosis and date: _____

Proposed course of treatment: _____

Prognosis **with** proposed treatment (indicate one): Excellent Good Fair Guarded Poor Grave

Prognosis **without** proposed treatment (either with no treatment at all or alternative treatment):

Excellent Good Fair Guarded Poor Grave

Comments: _____

Please list any alternative treatments for this dog, and, if possible, pros and cons of these treatments:

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Part II: Veterinary Certification

Part II: 2 of 2 pages

“Cost of Treatment - please list actual costs and attach supporting bills/proof of payment: _____

Please list any follow-up or additional care that will be required (physical therapy for example) or any other information you feel is pertinent to this case: _____

I Certify that the above information is accurate to the best of my knowledge and is furnished to BEHAF at the request of the owner of the above dog.

Signature: _____ Date: _____

Type or print name of treating Veterinarian: _____

Thank you for your assistance.

Please mail the completed form to:

***Ruth Nielsen, Esq.
Nielsen Law Office Inc., P.S.
927 N. Northlake Way, Suite 301
Seattle, WA 98103-1119***

| *Do Not Write in this Box -- For Official Use Only* |

| *Date received:* _____ *Mailed to Board:* _____ |

| *Financial data:* _____ *Photo received:* _____ |

| *Veterinary certificate:* _____ *Amount requested:* _____ |

| *Approved:* _____ *Disapproved:* _____ *Date:* _____ |

| *Notification to applicant - Date:* _____ *By:* _____ |

| *Check amount:* _____ *Number:* _____ *Date:* _____ *Date mailed:* _____ |