

**SCA RESCUE AND HEALTH FOUNDATION  
INDIVIDUAL RESCUER APPLICATION**

This application is an agreement between a private individual rescue volunteer and the Schipperke Club of America Rescue and Health Foundation (hereafter referred to as "The Foundation").

Applicant's Name \_\_\_\_\_

Mailing/physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Address (if available) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone numbers – Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Alternate \_\_\_\_\_

Contact email address \_\_\_\_\_

Alternate email \_\_\_\_\_

How many years have you been doing Schipperke and/or all-breed rescue? \_\_\_\_\_

Approximately how many Schipperkes have you rescued and placed? \_\_\_\_\_

Approximately how many Schipperkes do you rescue per year? \_\_\_\_\_

Do you use a written and signed surrender agreement for dogs you take in as rescues?  Yes  No

Do you have a formal adoption application for prospective adopters?  Yes  No

Do you use a written Adoption Contract?  Yes  No If yes, please attach a copy.

Do you Spay/Neuter prior to placement of every dog?  Yes  No

Name of your veterinary clinic \_\_\_\_\_

Mailing address of veterinary clinic \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Veterinarian's Phone # \_\_\_\_\_

Will your veterinarian agree to invoice The Foundation for treatment of Schipperkes you present to him/her?  Yes  No

## SCA RESCUE AND HEALTH FOUNDATION INDIVIDUAL RESCUER APPLICATION

In order to receive funding, your veterinarian is required to provide The Foundation a detailed invoice including: Schipperke's name, sex, estimated age, and microchip #, plus details of all services provided.

Please provide your veterinarian a copy of the attached **SCA RESCUE AND HEALTH FOUNDATION RESCUE ASSISTANCE POLICY** for each dog treated. If additional treatments are required above and beyond those listed in the attached document, please contact the Treasurer and/or Secretary to attain approval.

Emergency contact information will be available on The Foundation's website at [www.schipperkefoundation.org](http://www.schipperkefoundation.org). In exchange for financial assistance provided by The Foundation, I agree to render all adoption fees received as a donation to The Foundation. I agree to submit a copy of the adoption application and a photo of each adopted dog with the donation to The Foundation within 15 days of the adoption.

By signing this document, I acknowledge that I understand that The Foundation does not dictate how rescue is to be performed or who adopts these rescue dogs. The Foundation is not legally liable for any actions of any dog I rescue and subsequently place, and acknowledge The Foundation's sole purpose is to help me in my rescue efforts through financial assistance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

The Foundation supports rescue programs through fundraising efforts, voluntary club donations and individual contributions. There is no guarantee that there will be sufficient donations in a given year to support the demands placed upon the system.

The Foundation may remove approval status of any applicant for misuse, misrepresentation or other cause, at its discretion.

Please help raise funds for the Foundation's Rescue Fund by encouraging donations and sales of fund raising items.

Return this signed and dated form to the Secretary:

Beverly Henry  
1129 Lake Bluff Drive  
Little Elm, TX 75068  
972-294-4371  
[chestara@sbcglobal.net](mailto:chestara@sbcglobal.net)