

SIRRA FINANCIAL REQUEST FORM

Please note: SIRRA is funded primarily by donations and has limited resources. As a result, limits may be set on how much one person or organization can request in a set time period.

Requestor: _____ Individual _____ Organization _____ Member of a Shiba Rescue Org

Name: _____

Contact Person (if an organization): _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Date of Request: _____ Amount Being Requested: _____ \$ _____

Expenses Already Incurred: _____ Advance Approval Being Sought _____ (Must provide quote)

Shiba For Which Financial Help being Requested

Name of Shiba: _____

General Information (such as age, gender, source, etc) _____

Medical Issue For Which Funds are Being Requested Funds: _____

Explain _____

Other Medical Conditions or Services provided: (Provide invoices. Routine medical care is not covered by SIRRA but can be considered when determining how much we fund.)

Initials of Requestor _____

All requests must be accompanied by copies of invoices/estimates from the veterinarian (s). The requestor may be asked to have the Vet practice FAX a copy to the SIRRA Secretary before any funds will be released. The FAX number is 724-733-8944.

FINANCIAL SUMMARY: (Continue on back or separate sheet, if needed)

Extraordinary Expenses			
	Date	Amount	Service
	TOTAL		

Routine Expenses			
	Date	Amount	Service
	TOTAL		

Other			
	Date	Amount	Explanation

Income			
		Amount	Comments
	Adoption Fee		
	Fundraising / Donations		
	TOTAL		

Veterinarian Information:

Name Of Clinic/Hospital: _____

Name of Attending Veterinarian: _____

Address: _____

Phone Number: _____ FAX Number: _____

Check to be made payable to: _____ Requestor _____ Vet Practice _____ Other (Must provide address)
Name as it is to appear on the check: _____

Signature of requester: _____ Date: _____