## **Dalmatian Club of America Rescue Education**

**Application to Be Eligible for Reimbursement of Expenses** 

Name of Rescue Group:			
Contact Person:			
Address:			
Phone: ( )	Email address:	Website URL:	
How do you wish to be listed on the DCA website?			
Is your rescue group incorporated?	( ) Yes #	_ ( ) No	
Are the requested funds for a hearing Dalmatian? ( ) Yes ( ) No			
Are the requested funds for a purebred Dalmatian? ( ) Yes ( ) No			
What is your policy about the placement of dogs with aggression towards other dogs or other animals and/or people?			
Does your rescue provide foster care, training, health care, evaluation and/or referral?			
Does your rescue have a list of disqualifiers for adopters? If yes, please list below.			
Do you follow-up after the adoption? ( ) Yes ( ) No If so, how?			
If the adopter wishes to return the Dalmatian, will your rescue take the dog back? ( ) Yes ( ) No			
Do you encourage adoptive families to take the Dalmatian to obedience classes? ( ) Yes ( ) No			
Where are the Dalmatians waiting for adoption primarily kept?			
Do you have arrangements with any veterinarians for reduced cost care? ( ) Yes ( ) No If yes, please describe.			
Do you charge an adoption fee in order to help defray costs? ( ) Yes Amount \$ ( ) No			
What types of educational materials ( ) Breed profile ( ) Care for that specific dog ( ) Training & behavior informatio ( ) Other	( ) General do ( ) Veterinary	og care	

DCARE is interested in helping rescue groups acquire appropriate education hand-outs. Please give us suggestions on materials you would like us to make available.

Any requests for reimbursement will have to be submitted on the proper form and must be accompanied by receipts, copies of forms, and all paperwork pertinent to the dog for which a reimbursement is being requested. Reimbursement is available only for dogs meeting DCA Rescue Guidelines.

## The Dalmatian Club of America Guidelines for Groups/Individuals in DCA Rescue

(Approved by the DCA Board of Governors, May 2014)

All those who participate in rescue should be prepared to abide by these guidelines.

## Each group or individual:

- Shall agree to contact, or encourage the owner to contact, the "breeder" of the dog and urge that person to take responsibility for the unwanted dog.
- Shall agree to counsel and encourage owners to place their own dogs and shall offer some form of meaningful material to aid owners in this task.
- Shall agree not to place biting or aggressive dogs.
- Shall agree to try and return all inquiring phone calls within a reasonable time of receiving the initial call.
- Shall provide some form of educational material or verbal counseling to those who are seeking to adopt a Dal. Examples of such materials would include: obedience/behavior information, health and feeding as it applies to crystals and stone formation, and the DCA Board of Governors' statement on deafness.
- Shall make every effort to visit potential homes, in person, at some point before the dog is placed or at least when the dog is taken for a provisional first visit to the home.
- Shall use a contract when placing a dog in a home.
- Shall keep records of placements or disposals of dogs.
- Shall spay or neuter all dogs before placement or offer a contract which guarantees this will be done and then follow up on said contract.
- Shall follow up on all placed dogs to ensure their care and safety.
- Shall agree to take back any placed dogs if the home does not work out.
- Shall be able to be autonomous. The actual method of rescue, whether by referral, by taking the dog, or a combination of both, would be left to the individual groups who are the best judges of their abilities and who know their own financial status and manpower.

The DCA Board agrees that the placement of dogs with severe medical problems is best left to local rescue groups or workers. However, the Board urges that careful consideration be given to the limits of time, space, money and probability of placement before accepting these dogs into rescue. Severe medical problems are defined as: uncontrolled seizures, degenerative diseases, severe and debilitating injuries and some degrees of stone forming. Each group will also agree to provide potential owners with detailed medical treatment, a veterinary prognosis and an assurance to the new owner that the group will follow up on the care and progress of the dog.

I certify that the information provided herein is accurate to the best of my knowledge and that I have the authority to make this application on behalf of our rescue organization.

Name and Title	
Name of Rescue Group	
Date Submitted	

Please send to: Cindy Bowman, DCARE Chairperson, 958 Barker Lane, Martinsville, IN 46151. If you have questions, call Cindy Bowman at 765-318-2915.