

Emily Griffin Memorial Injury Fund Grant Application

Purpose: To promote the rescue of incoming injured racing Greyhounds that would not have been possible due to the lack of available medical funds.

Eligibility: All GPA Chapters. Sub-Chapters should apply through their sponsoring Chapter.

Limits: One Grant per Chapter in six month period or two in one calendar year. Eligibility will be reset if the Grant is repaid within six months of issue. Surgical or non-surgical treatment of skeletal/muscular or soft tissue injuries of incoming injured racing Greyhounds

Chapter Information

Chapter Name:			Application Date:	
Mailing Address:			Last Grant Date:	
City	State	Zip Code	Amount Requested (check one)	
Phone: ()	Fax: ()		\$ 500	\$ 1500
email:				
Mail Current Financials (a copy of your last 3 months bank statements and/or last annual statement) to the address listed below. If your financial information is electronic you may attach it to the email				
Brief Explanation of Financial Need:				
Title and Signature of Chapter Applicant				

Greyhound Information (as much as available)

Racing Name		Kennel Name		
Sex	Color	Weight	L.E.	R.E.

Injury Information (to be filled out by attending Veterinarian) Note: This is not intended to be a binding cost or treatment estimate. This information will be used only to determine the Grant amount and quality of life after treatment. If possible a second opinion is recommended. This may be waived if the attending Veterinarian is experienced in diagnosing these types of injuries.

Veterinarian Name:	Brief Description of Injury:
Mailing Address:	
City State Zip Code	
Phone: () Fax: ()	
email:	
Is surgery likely to be required? : Yes No	
Was an x-ray taken? : Yes No Not Reqd.	
Do you think quality of life (as a pet) will be restored? :	
Signature:	Date:

Applicant Mailing Instructions: To ensure your Application will be reviewed quickly please email to egif@greyhoundpets.org or fax to 770 502-7993. If you do not receive a response in 24 hours please call 800-366-1472.

Injury Fund Review/Approval Form

Checklist:

- **Has the Applicant had a Grant within the last six months (not repaid)?**

- **Are adequate funds available?**

- **Is this an incoming Greyhound? (Probably difficult to be sure. Call racing owner, trainer if time permits)**

- **Does the injury meet the guidelines? (check Vet info, call if explanation is needed) Note: For non-emergency situations where time permits, Joyce McRorie has volunteered to provide assistance in injury diagnosis (562) 654-3519 email gpa.ocgla@verizon.net**

- **Does the Applicant have a sound rehab plan?**

- **Verify financial need. A phone call or e-mail. Applicant's current balance may not show true need. Example: Chapters that get Grant money for their annual budget may look flush at the beginning of the year but are broke at the end. Yearly figures may give a more accurate picture.**

- **Is the Applicant planning to repay the Grant?**

Fund Administrator (Review, Make Approval Decision, and Respond Within 48 hours)

Name:	Date Received:
Approved:	Amount: \$ 500 \$ 1500
Comments:	
Signature:	Response Date: