

Pearson Fund Application for Assistance

Thank you for your interest in the Pearson Fund. Please submit your completed application with supporting documents to: Pat Long, 1164 Old Lancaster Road, Berwyn PA 19312, or by email to pat@bmdinfo.com. Once your application is received, the Pearson Fund Directors will take action on your application. You will be notified as soon as a decision has been reached. All financial information will remain strictly confidential. The decision of the Pearson Fund Directors is final.

INSTRUCTIONS: Please complete the following information, attaching additional pages with a description of the situation as needed. Enclose a copy of the diagnosis of Histo if that is applicable. Note: your dog must be in the Berner-Garde database with all relevant health data to be eligible. At this time, reimbursement is available only for additional staining of tumor tissue to verify whether or not the diagnosis of histiocytic sarcoma is correct, or for assistance with necropsy costs for dogs genetically at-risk of degenerative myelopathy to verify whether or not the dog has DM.

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: _____

Has this Berner been bred? If yes, please specify the number of litters and offspring:

Call name of dog requiring assistance: _____ Berner-Garde ID: _____

Has this dog been diagnosed with Histo, or is it at-risk for DM: _____

How was Histo diagnosed?: _____

Vet name and address: _____

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

I agree to provide a copy of the pathology results for inclusion into Berner-Garde.

Signature: _____ Date: _____

Please mail the completed form to:

Pat Long
1164 Old Lancaster Road
Berwyn PA 19312

or email to pat@bmdinfo.com

02/10/2017