



The Stryker K-9 Care Fund Application Form

Your Name: _____

Address: _____

Phone Number: Daytime: _____ Cell: _____

Email Address: _____

Dog's Name: _____

Microchip #: _____

Name of the police service/RCMP
detachment where the dog worked: _____

Contact Name: _____ Phone Number: _____

Duration of the dog's service: Start Date: _____ Retirement Date: _____

Veterinarian's Name: _____

Phone Number: _____

Please note: Applications will be reviewed and approved on a first-come, first-served basis. Incomplete applications will NOT be eligible for funding consideration until the missing information is provided.

Applicant's Signature _____ Today's Date: _____

For Office Use:

Application Received: _____

Approved: _____

Notification: Expense Form
 Letter