

# ***K9's in need of Special Support "KISS"***

## ***Guidelines & Application***

### ***~ About Us ~***

K9's in need of Special Support (KISS) is a 501(c)3 nonprofit foundation registered in North Carolina. Net proceeds are distributed to participating shelter/rescue organizations that have dogs with disabling health conditions in need of veterinary attention, whether lifelong or temporary.

Like people, canine disabilities are manageable with medical support, education, and proper care. 'Special needs' can be diabetes, epilepsy, blindness, deafness, paralysis, cancer, or any other disease, condition, or impairment that may prevent them from being adopted.

Aside from being our faithful companions, dogs have served people for years as workers, performing duties which support our society. Assist dogs give disabled people the independence and freedom to enjoy a full life. Therapy dogs bring joy to terminally ill people and senior citizens, and service dogs unconditionally sacrifice their lives performing search, rescue, and law enforcement jobs.

We believe it's time to show our appreciation to these amazing animals by giving them the same opportunity to live a full life as they have given us. There is no disability that can affect the joy, love, and loyalty a dog can give.

### ***~ Our Mission ~***

To provide shelter/rescue organizations with veterinary resources, funds, and education, necessary to treat, manage, and promote the adoption of special need's dogs in their care.

### ***~ Our Vision ~***

To reduce the population of disabled dogs in foster care, eliminate misconceptions surrounding care management, and foster compassion and a belief system valuing life free of boundaries throughout communities.

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K9's In Need of Special Support (KISS), a North Carolina nonprofit Corporation formed under Section 501(c) 3 of the Internal Revenue Code ~ Federal Tax ID Number 26-2541813 ~ NC Secretary of State ID Number 1041469

# *K9's in need of Special Support "KISS"*

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### *~ Business Operations ~*

K9's in need of Special Support works with existing shelter/rescue organizations to provide financial, veterinary, and educational resources to directly support dogs with disabling conditions. This gives us the ability to help dogs in shelters regardless of their location. Our goal is to assist dogs in every state.

The process begins with the shelter submitting a KISS Companion application. Applications are reviewed to determine if the impairment can be considered a disability <sup>1</sup>, and the amount of financial assistance we are able to provide <sup>2</sup>.

Approved applicants are documented as KISS Companion cases. Medical records, and relevant histories are requested (if available) to expedite care and minimize unnecessary costs. Our role is similar to a clinical case manager. We identify and engage the resources best suited to help the dog, coordinate the initial veterinary consult, and subsequently manage all follow-up procedures. We collaborate with specialists for those who require training (deaf, blind) or care management programs (the diabetic). Our intent is to be the primary focal point for these dogs as they move through their treatment plans. In doing so, we free up the shelter/rescue organization's valuable resources, so they can focus on the adoption plan <sup>3</sup>.

If you are a shelter/rescue organization who is housing a disabled dog that needs assistance, or if you are unsure whether the impairment is supported, please contact us. We try to help as many dogs as we can. Our focus is to help the dogs that may be overlooked due to their impairment.

For a list of commonly supported disabilities, please reference the *Supported Disabilities* section.

<sup>1</sup> We consider a disability any disease, condition, or impairment, that impacts the dog's ability to function normally without caregiver assistance. Applicants are carefully evaluated to determine whether they qualify as a KISS Companion. We recommend and encourage you to apply. If we cannot help directly, we will do our best to put you in contact with an organization who can.

<sup>2</sup> The amount of financial assistance KISS can provide is based on the veterinarian's evaluation and the wellness plan. Depending on the complexity of the case, and/or amount of resources required, this amount may require periodic reviews. Our intent is to keep the shelter aware of their cost and our commitment throughout this period.

<sup>3</sup> Since KISS supports many companions we do our best to balance the priority of each dog, and consider the extent or complexity of each case, the time frame, and the immediate need.

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### ***~ Supported Disabilities ~***

Evaluating whether a canine medical condition is considered a disability can be a difficult task. We do not have specific guidelines or regulations. Our approach is simple. We consider a disability any impairment that impacts the dogs ability to function normally without caregiver assistance.

Here are some of the more common disabilities we support. For description, treatment, care information, please reference ***Medical Terms & References*** on our website. [www.k9ss.org](http://www.k9ss.org)

#### **Mobility Challenged - Musculoskeletal Diseases & Conditions**

Degenerative Disc Disease \* Canine Degenerative Myelopathy \* Hip Dysplasia \* Trauma \* Arthritis \* Osteochondritis Dissecans (OCD) \* Amputee

#### **Sensory Challenged - Hearing & Vision**

Blindness (partial/complete) \* Ocular Diseases (Glaucoma, Cataracts, Retinal Degeneration, Uveitis) \* Deafness (partial/complete)

#### **Terminal Illness - Cancer & Cardiovascular & Pulmonary Diseases**

Cancer \* Congestive Heart Failure \* Mitral Valve Disease (MDV) \* Dilated Cardiomyopathy

#### **Nervous System Diseases & Conditions**

Canine Epilepsy \* Paralysis \* Vestibular Disease \* Brain Tumor \* Congenital Megaesophagus \* Cerebellar Hypoplasia/Cerebellar Abiotrophy

#### **Geriatric & Senior - Special Need's**

Canine Cognitive Dysfunction \* Renal Disease \* Incontinence \* Deafness/Blindness

#### **Endocrine, Blood, & Autoimmune Diseases**

Diabetes \* Addison's Disease \* Cushing's Disease \* Auto Immune Hemolytic Anemia (AIHA) \* Immune Mediated Hemolytic Anemia (IMHA) \* SLE \* Neuromuscular Diseases of Dogs

# *K9's in need of Special Support "KISS"*

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### *~ Eligibility & Guidelines ~*

Participants are limited to shelter/rescue organizations who are unable to provide veterinary treatment or management care to disabled dogs due to limited funds and resources.

To enroll as a KISS Companion, participants must provide the following:

- ✓ A thorough description of the disability.
- ✓ All available medical records to date, including the initial diagnosis, prognosis, and recommended treatment if known.<sup>1</sup>
- ✓ A plan to find a responsible caregiver and permanent home for the animal.
- ✓ An estimate of funds they can contribute to the case.
- ✓ A complete, signed application.
- ✓ Acknowledgment and acceptance of the 'Eligibility and Guidelines' and terms and conditions specified in this application (requires signature).
- ✓ Willingness to work with a veterinarian/clinic KISS recommends.<sup>2</sup>
- ✓ In addition, the shelter/rescue organization understands and acknowledges that KISS has the authority to change the case priority during any stage of the case process and may do so without prior notice. Decisions are based on valid circumstances only.

Factors which may contribute to this decision include but are not limited to the following:

- Medical urgency
- Extent of evaluation(s) and/or treatment(s).<sup>3</sup>
- Financial need
- Length at shelter
- Eligibility

E&G Notes:

<sup>1</sup> If the initial diagnosis is superseded, and/or multiple clinics are involved, then KISS may request all medical documentation.

<sup>2</sup> KISS will make every effort to use existing resources before engaging alternate resources.

<sup>3</sup> Evaluations that include specific diagnostic tests may require additional time and resources, which may impact the case timeline.

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*~ KISS Companion Application ~*

Section I - Shelter/Rescue Organization Information

Please provide the following information as it pertains to your organization.

Shelter/Rescue Organization Name:

\_\_\_\_\_

Mailing Address - City, State, Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Contact position/affiliation:

\_\_\_\_\_

Day Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Tax ID/EIN # \_\_\_\_\_ Are you a 501(c)3? (Yes/No) \_\_\_\_\_

Primary Clinic/Hospital: \_\_\_\_\_

Address & Phone:

\_\_\_\_\_

Veterinarian: \_\_\_\_\_

Secondary Clinic/Hospital: \_\_\_\_\_

Address & Phone:

\_\_\_\_\_

Veterinarian: \_\_\_\_\_

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~ ***KISS Companion Application*** ~

Section II - Companion Information

Dogs name or ID #: \_\_\_\_\_

Breed /mix if known: \_\_\_\_\_

Age: \_\_\_\_\_ (approximate years) Sex: \_\_\_\_\_ Spayed/Neutered? (Yes/No) \_\_\_\_\_

*Dogs must be spayed/neutered. Unaltered dogs may be considered if the shelter/rescue organization plans to have the procedure done within a reasonable time period, providing a confirmation date.*

When did you acquire the dog (MM/YY)? \_\_\_\_\_ (estimated dates are acceptable)

How did your organization acquire the dog? (Puppy mill, found/no owner, surrendered)

\_\_\_\_\_  
\_\_\_\_\_

If surrendered, please check the reason that applies:

- \* Financial limitations: \_\_\_\_\_
- \* Lack of guardian knowledge/resources: \_\_\_\_\_
- \* Willingness to care for/manage the dog: \_\_\_\_\_
- \* Time restrictions: \_\_\_\_\_
- \* General commitment: \_\_\_\_\_
- \* Unknown/Other (please describe): \_\_\_\_\_

Is the surrendering owner willing to keep or resume ownership if treatment, care management, and education/training are provided? (Yes/No/Unknown) \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Was the dog neglected or abused? (Yes/No/Unknown) \_\_\_\_\_

If yes, does this case involve animal cruelty charges? (Yes/No/Unknown) \_\_\_\_\_

Please provide a brief history including the individuals involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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~ *KISS Companion Application* ~

Section III - Clinical Evaluation

Please provide a description of the dog's impairment/illness/condition:

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Please state the veterinarian or clinic who diagnosed the disability:

Clinic/Hospital name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

When was this Determined? (MM/DD/YY) \_\_\_\_\_

Are additional tests needed confirm the diagnosis? (Yes/No) \_\_\_\_\_

If yes, please list all required tests:

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Was the dog referred to other clinicians or specialty hospitals? (Yes/No) \_\_\_\_\_

If no, do you need KISS to engage a veterinary clinic to perform the additional tests and/or evaluations? (Yes/No) \_\_\_\_\_

If yes, please provide the veterinarian's name and recommendations.

Specialty Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring veterinarian: \_\_\_\_\_

Recommended evaluation: \_\_\_\_\_

Appt Date (if scheduled): \_\_\_\_\_ Medical records transferred? (Yes/No) \_\_\_\_\_

Specialty Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring veterinarian: \_\_\_\_\_

Recommended evaluation: \_\_\_\_\_

Appt Date (if scheduled): \_\_\_\_\_ Medical records transferred? (Yes/No) \_\_\_\_\_

Has the dog received any type of treatment? (Yes/No) \_\_\_\_\_ If yes, please describe:

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Section III - Clinical Evaluation (continued)

Please document any factors that may impact treatment options, such as age, illness, or other complications:

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How would you describe the dogs overall temperament around people and other dogs? This information will help us to ensure that interactions with clinicians & staff are "stress-free".

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Does the dog exhibit any undesirable behavior that could increase stress when handled or examined? (Yes/No) \_\_\_\_\_ If yes, please explain (include medications/dosage which need to be administered prior to handling:

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Select the type of assistance the dog requires in order to be adopted (check all that apply)

- \* Hospital treatment \_\_\_\_\_
  - \* Daily medication \_\_\_\_\_
  - \* Physical therapy (clinical) \_\_\_\_\_
  - \* Physical therapy (home) \_\_\_\_\_
  - \* Holistic support (acupressure, acupuncture) \_\_\_\_\_
  - \* Mobility support, prosthetics \_\_\_\_\_
  - \* Canine behavioral training as it relates to the disability (deaf, blind) \_\_\_\_\_
  - \* Parent/Guardian education as it relates to the care of the dog \_\_\_\_\_
  - \* Other - Please provide details or if not listed above explain: \_\_\_\_\_
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Section IV - Financial Information

Total cost of treatment (if known): \_\_\_\_\_

Is your organization able to contribute? (Yes/No) \_\_\_\_\_

If yes, what is the estimated amount your organization can provide (dollar or percent of cost):  
Percent \_\_\_\_\_%    Dollar Amt.: \$ \_\_\_\_\_.

If no, please describe your financial hardship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your organization received any non-monetary assistance from other organizations/businesses to manage this disability? (Yes/No) \_\_\_\_\_ If yes, please select all that apply:

- \* Physical Educational materials (for guardian) \_\_\_\_\_
- \* Behavioral training (for dog) \_\_\_\_\_
- \* Pharmaceutical supplies \_\_\_\_\_
- \* Physical support devices \_\_\_\_\_
- \* General medical supplies \_\_\_\_\_

Have you received any monetary donations earmarked for this dog? (Yes/No) \_\_\_\_\_

Name /Donation Amt.:

\_\_\_\_\_

Name /Donation Amt.:

\_\_\_\_\_

Name /Donation Amt.:

\_\_\_\_\_

Are you willing to proactively seek donations and foster our mission while the dog is being treated and managed by KISS? (Yes/No) \_\_\_\_\_

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#### Section V - Rescue Organization Acknowledgment & Consent

##### ***Eligibility & Guidelines:***

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- Extent of evaluation(s) and/or treatment(s).<sup>3</sup>
- Financial need
- Length at shelter
- Eligibility

I have read the 'Eligibility & Guidelines' and accept the terms and conditions.

Signature, \_\_\_\_\_ Date: \_\_\_\_\_

E&G Notes:

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<sup>2</sup> KISS will make every effort to use existing resources before engaging alternate resources.

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*~ Interview ~*

For internal use only - information is obtained from visit or interview

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dog Name/ID: \_\_\_\_\_ KISS Companion Case ID: \_\_\_\_\_

Disability:

\_\_\_\_\_

Disability Category:

Mobility Challenged - Musculoskeletal Diseases & Conditions \_\_\_\_\_

Sensory Challenged - Hearing & Vision \_\_\_\_\_

Terminal Illness - Cancer & Cardiovascular & Pulmonary Diseases \_\_\_\_\_

Nervous System Diseases & Conditions \_\_\_\_\_

Geriatric & Senior - Special Needs \_\_\_\_\_

Endocrine, Blood, & Autoimmune Diseases & Conditions \_\_\_\_\_

Support Category: Medical / Management / Both

Care Requirements - Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priority: Urgent / High / Medium / Low

Reason - Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Special Considerations:

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Shelter/Rescue Organization, additional information/notes:

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Summary:

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Action Plan:

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Follow-up Date:

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