



hope is on the way

REQUEST ASSISTANCE			
Organization Name:		Registered Charity? Yes No	
City:	Country:	Primary Contact:	
Phone:	Website:	Email:	
Organization Mission:			
Services Provided:			
Number of Volunteers:		Paid Staff? Yes No	
Number of Animals Helped per Year:		Do you have a shelter? Yes No	
Annual Operating Budget:		Do you routinely conduct a spay and neuter program? Yes No	
Primary Source of Income:		Capacity?	
Briefly Outline the objectives you wish to accomplish with Pets without Vets:			
Ideally, what month would you be requesting assistance?			
How many veterinary clinics operate in the community?			
Do the local veterinarians assist your organization in any way? Yes No		If yes, please describe the services provided:	