



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: | |