Project V.E.T.S. Recipient Organization Application Form

PLEASE RETURN VIA EMAIL TO INFO@PROJECTVETS.ORG

Name of Organization: ______________________________
Date of Application: ______________________________

Type of Organization (501(c)(3), NGO, etc.): ______________________________

Website: ______________________________

Years in Operation: ______________________________

Country(ies) Operating In: ______________________________

Veterinarian’s Name: ______________________________

Veterinarian’s License Number and Issuing Country/State: ______________________________

Veterinarian’s Controlled Drug Authority Number (if applicable): ______________________________

Veterinarian’s Email Address: ______________________________

Main Contact(s) for Organization (if different than veterinarian (name & email address)): ______________________________

Purpose of Organization: Species (select all that apply):

- Dog
- Cat
- Equine
- Working/Farm Animal
- Companion/Small Exotics
- Wildlife (captive)
- Wildlife (free)
- Other (please specify) ______________________________

Services Provided: (select all that apply):

- Rescue/Adoption
- Rehabilitation/Release
- Sanctuary
- Community Veterinary Care
- Other (please specify) ______________________________

If operating a rescue/adoption, do you facilitate adoptions: Locally  Internationally   Both

If operating a sanctuary, do you currently have a breeding program?: Yes  No

If yes, please describe the nature of this program (i.e. endangered species; introduction into the wild; etc.): ______________________________

How many animals do you typically house at one time? ______________________________

How many animals do you typically see/assist in 1 year? ______________________________

Are you staffed by:  Volunteers   Paid Employees   Both
**Equipment/Supplies:**
Veterinary/Medical Equipment Needed:

<table>
<thead>
<tr>
<th>Type of power utilized (110v/220v):</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of power:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Veterinary Related Technology Needed:

<table>
<thead>
<tr>
<th>Type of computers/operating software used:</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Preferred for Printed Material:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Veterinary/Medical Supplies Needed (Note we are unable to send pharmaceuticals at this time):

Shipping Information:
Shipping Address for Organization: ____________________________

Are there typically issues/challenges with shipping?  Yes  No
If so, please describe?

Are customs duties typically attached to donated medical supplies? Yes  No
Is your organization prepared to pay for them?  Yes  No
Do you have U.S. volunteers who may be able to hand carry supplies to your organization? Yes  No

Do you give permission for Project V.E.T.S. to, on occasion, share, post and include stories and photos from your social media content in our social media and electronic communications (with acknowledgement to your organization)? Yes  No