



Animal Welfare



REPORT/RENEWAL

Due 90 days after the delivery date or by date specified in delivery packet

Today's Date: _____

Partner Organization Name:		Office Phone #:	
Address:		Office Fax #:	
City, State, Zip:		Email address:	
Primary Contact:		Alternate Phone #: <i>(other than office number)</i>	
Secondary Contact:		Secondary Contact Phone #	

What services did you offer product for this past distribution? And how many animals served? *(Check all that apply)*

- Adoptions Foster Homes Transportation
 # animals served: _____ # animals served: _____ # animals served: _____

Pounds of food used this past distribution

Dogs	Puppies	Cats	Kittens

What product DID NOT work for your program and why? _____

Did the Animal Welfare Service help your organization meet or make progress towards your goal(s) listed on the request?

(Circle One) Yes No

Please let us know how this service helped your organization reach the goal(s). Select your top 2 answers:

- Increased Resources Increased Community Engagement Improved Outreach Improved Education
 Improved Health Improved Public Safety Improved Programing Improved Results

Please provide an example of how this service helped you to make progress to your goals: _____

What can we do to *BETTER* assist you and your program in the future? _____

Do you know of any other Service Providers we could provide PWNA information to? (Please list contact information): _____

For another delivery for this service, please provide the following information:

Services Offered: _____

Number of Animals Expected for next Month's services:

Dogs served per day: _____ Puppies served per day: _____ Cats served per day: _____ Kittens served: _____

Disclaimer: Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of Tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such manner, PWNA will be forced to drop the Program Partner.

Program Partner Primary Contact Signature

Date

