



# Animal Welfare



## REQUEST Page 1 of 2

Today's Date: \_\_\_\_\_

The following information is required to participate in the Animal Welfare Service. Please make sure each section is completed:

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

Is the storage location secure and lockable?     Yes     No

Delivery Location (e.g. Senior Center):	Dimension of Storage (e.g. 2 x 8):	<b>X</b>
Physical Driving Directions:		

How do you advertise the services?    Poster    Newspaper    Radio    Phone    Other: \_\_\_\_\_  
(please circle all that apply)

### Please list the goals of your organization:

Goal 1: \_\_\_\_\_  
Goal 2: \_\_\_\_\_

Please help PWNA to understand how the Animal Welfare Service is going to help your organization achieve, or make progress towards, the goal(s) listed above. Select your top 2 answers:

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

Please explain how your 2 selections above will help you achieve your organizational goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of service does your Organization offer on a regular basis? (i.e. transportation, fostering, adoption)  
\_\_\_\_\_  
\_\_\_\_\_



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Does your Organization Serve Multiple Sites? If so, please list sites \_\_\_\_\_

How many foster homes are a part of the services you offer animals? \_\_\_\_\_

What is the average number of animals fostered by your homes at any one time? \_\_\_\_\_

How long is the typical Stay for an animal in foster care? \_\_\_\_\_

Do you deliberately attempt to place animals for adoption? \_\_\_\_\_ If yes, how? \_\_\_\_\_

In order for us to know which items would be most appropriate to send you, we need to know the breakdown on the kinds of animals you help. Please give the percentage of animals you assist in the following categories:

Dogs \_\_\_\_\_% Puppies \_\_\_\_\_% Cats \_\_\_\_\_% Kittens \_\_\_\_\_% = 100%

How much food do you use per day (in pounds)? \_\_\_\_\_ Dogs \_\_\_\_\_ Puppies \_\_\_\_\_ Cats \_\_\_\_\_ Kittens \_\_\_\_\_

How will you distribute the incentives/products received by PWNA? Once a Month, Weekly, After Each Adoption, etc.?

### Items requested:

Please place a check mark by the types of items that will best fit your program needs. PWNA will fill requests in accordance with the number of participants on your request form and based on inventory available at the time of the request.

Cleaning Supplies     Towels     Blankets     Food     Toys     Treats

Other (please list items not included): \_\_\_\_\_

### Other Resources

As a reminder, PWNA is a supplementary service. Please list all other organizations supporting your program and the resources they will provide. Approval of your request is not contingent upon this information.

## Program Partner Agreement

I \_\_\_\_\_ guarantee that the products requested with this Animal Welfare request will be used in the manner specified. 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 a manner, PWNA will be forced to drop the Program Partner.

I will provide a secure and safe storage facility. I will send a follow-up report of the program/event. I will educate a secondary contact on every aspect of my obligations so that in the event I cannot complete my agreement the secondary

\_\_\_\_\_  
Program Partner Primary Contact Signature

\_\_\_\_\_  
Date