



# 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 #:<br>(other than office number) |  |
| 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