



STRAY ANIMAL PROGRAM

REQUEST FOR FUNDS

Fill in our Google Form if you'd prefer:
tinyurl.com/SAFrequest

Name of town/city: _____

Name of contact Animal Control Officer: _____

Contact Phone number(s): _____ Mailing Address: _____

1. Home Work Cell _____

2. Home Work Cell _____ Email Address: _____

(Please circle a phone description for each number listed)

Name/ID of Animal: _____

Breed _____

Sex _____

Date(s) of Service(s): _____

Total cost of Services: _____

Amount Requested: _____ (max. **100%** of total bill, up to yearly limit for town/city)

NOTE: This request **MUST** include a receipt or statement from the service provider indicating the animal name/ID and total cost of services not yet paid. Funds request should be submitted within 30 days of last date of service.

Service Provider (reimbursement is sent directly to service provider upon approval):

TREATING VETERINARIAN(S): _____

CLINIC NAME: _____

ADDRESS: _____

CLINIC PHONE: _____

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Please describe the circumstances in which this animal was found and/or rescued, and include a picture of the animal if possible.

PLEASE NOTE THAT ALL ABOVE INFORMATION MUST BE COMPLETED. INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

As the submitting Animal Control Officer, I certify that the service(s) for which funds are being requested were provided to the stray animal listed above, I also certify that full or partial payment for the amount requested above has not been received. If duplicating payment is received in the future, an amount equal to the duplicated payment will be returned to MVMA Charities, Inc.

Print Name: _____ Signature: _____ Date: _____

Please return completed form to:
MVMA Charities, Inc., 163 Lakeside Avenue, Marlborough, MA 01752-4554