



## **Grassroots Community Group Application Form**

Thank-you for applying to be an EVAH client, as a Grassroots Community Group.

Applicant's (group) name: \_\_\_\_\_

Founder's name: \_\_\_\_\_

How long have you been operating under this name? \_\_\_\_\_

Were you operating under a different name within the past five years? Y/N If yes, what was that name?

\_\_\_\_\_

Applicant's (group) address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's (group) phone number(s):

\_\_\_\_\_

Description of group's goals and how they are achieved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of animals rescued (including TNR) by your group in 2013

Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Number of animals adopted out by your group in 2013

Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Name, address, phone number, e-mail of individual responsible for vetting decisions:

\_\_\_\_\_

\_\_\_\_\_

Signature & Date :

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Name, address, phone number(s) and e-mail of individual responsible for account payments:

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Signature & Date :

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1. Does your group maintain a website? Y/N If yes, please provide website address

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2. Does your group maintain a Facebook page? Y/N If yes, please provide page name

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3. Reference checks will be done by EVAH staff.

Do you have a networking/professional relationship with...

- any animal shelters or animal control facilities within a 120km radius of London ON?

Y/N If yes, please provide up to 3 references. One reference name and contact information per listed facility

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- grassroots community groups directly involved in animal welfare and/or adoption, and based within a 120km radius of London ON ? Y/N If yes, please list up to 3 and provide one reference name, and contact information, per listed grassroots community group

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- registered charity or incorporated non profit animal welfare and/or adoption organizations? Y/N If yes, please list up to 3 and provide one reference name, and contact information, per listed registered charity or incorporated non profit animal welfare organizations

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- pet supply retailer where you source donated goods and/or showcase adoptable companion animals? Y/N If yes, please list up to 3 and provide one reference name, and contact information, per listed pet supply retailer you have listed

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Does your organization wish to make use of EVAH's complimentary Transportation Program (specific regulations regarding numbers of animals and ownership apply – See Attached Transport Manual ): Y / N

If Yes, Preferred Pick up / drop off location: \_\_\_\_\_

Street

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City/Town

Province

Postal Code

**By signing the Grassroots Community Group application form you are granting permission for EVAH staff to do reference checks** to gather qualitative information about your organization to determine suitability for EVAH's accessible cost medical and surgical services for companion animals in your care. EVAH may elicit from referees pertinent information regarding non-profit conduct and commitment to animal welfare initiatives in keeping with your stated goals and actions on page one of this application. I certify that the information contained above is true. I also understand that EVAH's Transportation Program may not be able to accommodate a transport request in all circumstances and will be approved, solely at the discretion of EVAH staff, on a case by case basis. I certify that all animals to be transported by EVAH are owned by our rescue group, and not by a member of the public. I am aware that my organization will be billed on a monthly basis for services rendered by EVAH and that payment is due within 30 days. I am also aware that a \$20 deposit may be charged if an appointment is cancelled within 24 hours of the booked appointment time. EVAH is an appointment-only clinic – animals requiring veterinary medical attention outside of EVAH's business hours should be taken to your local after-hours Veterinary Clinic. I have read and understand East Village Animal Hospital's Privacy Policy.

Name & Date

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Signature

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***Please scan & email completed application to: [evah1777@gmail.com](mailto:evah1777@gmail.com)***