



ANIMAL RESCUE GROUP APPLICATION FORM

NAME OF RESCUE: _____

ADDRESS: _____

WEB-SITE: _____

PHONE: _____

EMAIL: _____

DIRECTOR'S INFORMATION: NAME: _____

ADDRESS: _____

PHONE(S): _____

EMAIL: _____

IS THE RESCUE A REGISTERED CHARITY? YES/ NO

If Yes, CRA # _____

Corporation #, Registered Non-Profit? _____

Number of animals rescued in 2017? Dogs _____ Cats _____

Number of animals adopted out through your organization in 2017? Dogs _____ Cats _____

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. 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 responsible for fees at the time of service, and not invoiced billing. 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

Signature _____ Date _____

Please scan & email completed application with copies of necessary documentation to:

evah1777@gmail.com