

Suffolk Humane Society

a non-profit animal welfare organization

www.suffolkhumanesociety.com



COMMUNITY ASSISTANCE FORM

DOG ____ CAT ____ OTHER ____

Date Submitted: _____

ASSISTANCE REQUESTED:

_____ SPAY/NEUTER NUMBER OF ANIMALS REQUESTED _____

Stipend for spay/neuter services to approved beneficiaries will include a maximum of \$40 per animal. Stipend will be paid directly to the veterinarian providing services.

CIRCUMSTANCES: _____

_____ MEDICAL REQUEST AMOUNT REQUESTED \$ _____

CIRCUMSTANCES: _____

_____ OTHER REQUEST AMOUNT REQUESTED \$ _____

CIRCUMSTANCES: _____

Name of Veterinarian/Organization providing services: _____

Applicant's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Explain your request/need for financial assistance: _____

Attach Additional Information if Necessary

Suffolk Humane Society has specific funds set aside on a quarterly basis for Community Assistance.

Each request is reviewed on an individual basis by the SHS Board for approval.

Decisions are based on the furthering of Suffolk Humane Society's Mission and financial need of the applicant.

Board Approval ____ Y ____ N Amount \$ _____ Date: _____