

Friends of the Shelter Application for Funding

The purpose of Friends of the Shelter is to provide funds for medical treatment (including spay/neuter) for animals in north central New Mexico (including Los Alamos and Rio Arriba) animal shelters.

Name of animal _____ Species/breed _____

Briefly describe the required treatment:

Veterinarian Information

Name _____ Phone _____

Address _____

Estimated Cost of treatment _____

Requestor Information

Name _____ Phone _____

Address _____

Reason for request (e.g., animal control, shelter employee, shelter adopter, other):

I certify that, to the best of my knowledge, this medical treatment is necessary and in the best interests of the animal, OR is for the purpose of spaying/neutering the animal, and that the agency, organization, and/or adopter involved cannot afford to pay for this treatment.

Requestor signature

Date

Friends of the Shelter use only

Name of animal _____

Treatment required _____

Date request considered _____

Request approved (yes, no): _____

If no, explain: _____

Signatures (at least two members of the Board of Directors must sign):

Chair, Board of Directors _____ Date

Vice-Chair, Board of Directors _____ Date

Treasurer, Board of Directors _____ Date

Return completed form to:
Friends of the Shelter
162 Chamisa St.
Los Alamos, NM 8754
Or fax to 505/667-8487