

Project V.E.T.S. Recipient Organization
Application Form

Name of Organization: _____

Website: _____

Purpose of Organization: _____

Country(ies) Operating In:

Type of Organization (501(c)(3), NGO, etc): _____

Years in Operation: _____

Veterinarian's Name: _____

Veterinary License Number and Issuing Country/State: _____

Veterinarian's Controlled Drug Authority Number (if applicable): _____

Veterinarian's Email Address: _____

Main Contact(s) for Organization (if different than veterinarian)(name & email address):

Shipping Address for Organization: _____

If you operate a Sanctuary, do you currently host a breeding program?: Yes No
If yes, please describe the nature of this program (i.e. endangered species, introduction into the wild, etc): _____

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Are there typically issues with shipping? Yes No If so, what are they?

Are customs duties typically attached to donated medical supplies? Yes No

Is your organization prepared to pay for them? Yes No

Do you have U.S. volunteers who may be able to hand carry supplies to your organization? Yes No

Veterinary/Medical Equipment Needed: _____

Type of power utilized (110v/220v): _____

Availability of power: _____

Veterinary Related Technology Needed: _____

Type of computers/operating software used: _____

Language Preferred for printed material: _____

Veterinary/Medical Supplies Needed: _____

Name

Date

PLEASE RETURN VIA EMAIL TO INFO@PROJECTVETS.ORG
1630 A 30th St, #256, Boulder, CO 80301, ph: 303-819-2501