



Community Spay/Neuter Clinic
Partner Participation Application

(please print)

Organization Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

PRIMARY CONTACT

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

TELL US ABOUT YOUR ORGANIZATION

Is your organization a 501(c)(3) not-for-profit? [] Yes [] No

If YES, please include copy of your IRS Determination Letter.

What type of work does your organization do? (rescue, rehabilitation, sanctuary, shelter, etc.)

Approximately how many animals do you expect to bring us annually? _____ Cats _____ Feral Cats _____ Dogs

Where do your rescue animals come from? (check all that apply)

- [] Albany County [] Montgomery County [] Rensselaer County [] Saratoga County [] Schenectady County
[] Other _____

Do you spay/neuter before or after adoption? [] Before [] After

If you spay/neuter after adoption, what is your follow-up procedure to ensure the animal is sterilized?

Do you have a working relationship with a local veterinarian? [] Yes [] No

Clinic Name _____

Clinic Address _____

Phone _____

FOR CATS - What is your vaccination protocol for rabies/distemper? At what age do you vaccinate? _____

DOGS - What is your vaccination protocol for rabies/distemper? At what age do you vaccinate? _____

If we have last minute surgery appointments available what is the best way to reach you?

Email _____

Phone _____ Text message number _____

What is the mailing address for invoices?

Mailing Address _____

City _____ State _____ Zip _____

Please list additional people authorized to make payments and financial obligations to the APF Community Spay/Neuter Clinic on behalf of your organization.

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I hereby certify all answers on this application to be true to the best of my knowledge.

Applicant's Signature _____ Date _____

Please mail completed form to: APF Community Spay/Neuter Clinic
53 Maple Avenue
Scotia, NY 12302



APF Community Spay/Neuter Clinic
53 Maple Avenue / Scotia, NY 12302
(518) 374-3944, ext. 121
www.animalprotective.org