



# Positive Pet Parenting Saves Lives

## GRANT APPLICATION Charitable Org. 2950543



### PETPARENTING

POSITIVE PET PARENTING SAVES LIVES

[Info@PPPSavesLives.org](mailto:Info@PPPSavesLives.org)

15340 Pastrana Drive

La Mirada, CA 90639

Call Susan Tripp

1-800-372-3706 Ext 80



Date of Application \_\_\_\_\_ First Time Application? \_\_\_ Renewal? \_\_\_ If renewal, amount of last award \$ \_\_\_\_\_

Organization Name: \_\_\_\_\_ Shelter? \_\_\_ Rescue Group? \_\_\_\_\_ Other? \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website URL: \_\_\_\_\_ Email Address: \_\_\_\_\_

Indicate which of **Positive Pet Parenting Saves Lives** requirements will be satisfied by your participation in the program:

- Organization has internet access
- Organization will collect and store an email address for every adoption
- Organization will commit to enrolling every pet parent in the Behavior Course with pet adoption
- Organization will enroll every staff member and volunteer in Positive Pet Parenting™ Behavior Courses.
- Organization will participate in a Veterinary Practice Behavior Course on gentle and safe animal handling methods that help prevent fear including using distractions and treats for injections and other treatments.
- Organization will commit to adopting behavior protocols such as becoming the "Cookie Place" and "Puppy Place."
- Organization will provide statistics and reports on number of pet adoptions and pets returned and reasons given.
- Organization will seek sponsors and donations to help offset costs of providing Free Behavior Courses with every pet adoption, to every staff member and volunteer (at their home email address.)

Estimated Monthly Number of Total Dogs Adopted/Month: \_\_\_\_\_ Estimated Number of Puppies Adopted/Month: \_\_\_\_\_

Estimated Monthly Number of Total Cats Adopted/Month: \_\_\_\_\_ Estimated Number of Kittens Adopted/Month: \_\_\_\_\_

Estimated Annual Number of Cats Returned? \_\_\_ Kittens Returned? \_\_\_ Dogs Returned? \_\_\_ Puppies Returned? \_\_\_

Average Number of Organization Staff: \_\_\_\_\_ Average Number of Organization Volunteers: \_\_\_\_\_

### VETERINARY AFFILIATION (S)

Veterinarian Contact Name / Phone: \_\_\_\_\_ Home Business Cell

Veterinarian Contact Name / Phone: \_\_\_\_\_ Home Business Cell

Associated Veterinary Practice (if any) address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will your Associated Veterinarian (s) collaborate with you on this program? Yes No

### SPONSORSHIP AFFILIATION (S)

Do you have Sponsorship for this program? \_\_\_\_\_ Please indicate amount of funding available: \_\_\_\_\_

**Recommend: Up to 100 pets/mo. funding (\$2/pet) / 500+ pets/mo. (\$1/pet) 1000+ pets/mo (\$1.50/pet).**

**Please list Sponsor Information:** Shelter and Sponsor logo/links are placed on every Pet Parenting™ email lesson.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ORGANIZATION QUALIFICATIONS

Briefly explain why this organization should be given priority for this Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize Organization's Mission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Reference Name / Title Signature Date

Business Phone Email Other

Address City State Zip code

Length of time associated with the organization? \_\_\_\_\_ Relationship to organization? \_\_\_\_\_

What characteristics related to this organization's mission, history, use of resources, raises the potential for this project's success? In what capacity have you been involved? (Attach additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark your opinion in the appropriate box. 1 is the **LOWEST** score. 5 is the **HIGHEST** score.

