



# Animal Welfare



## REPORT/RENEWAL

**Due 90 days after the delivery date or by date specified in delivery packet**

Today's Date: \_\_\_\_\_

Partner Organization Name:		Office Phone #:	
Address:		Office Fax #:	
City, State, Zip:		Email address:	
Primary Contact:		Alternate Phone #: (other than office number)	
Secondary Contact:		Secondary Contact Phone #	

What services did you offer product for this past distribution? And how many animals served? (Check all that apply)

☐ **Adoptions**                      ☐ **Foster Homes**                      ☐ **Transportation**  
# animals served: \_ \_                      # animals served: \_                      # animals served: \_

What incentive **DID NOT** work for your program or participants and why?

**Did the Animal Welfare Service help your organization meet/make progress towards your program goals listed on the request?**

(Click One)    Yes ☐    No ☐

**Please let us know how this service helped your organization reach your program goal(s). Select your top 2 answers ONLY:**

☐ Increased Resources    ☐ Increased Community Engagement    ☐ Improved Outreach    ☐ Improved Education  
☐ Improved Health    ☐ Improved Public Safety    ☐ Improved Programming    ☐ Improved Results

**Please provide an example of how this service helped you to make progress to your program goals:**

What incentives can we provide that fit the needs of the participants so PWNA can **BETTER** support your program?

Do you have any referrals, questions, or comments about Animal Welfare or any other PWNA Services?

**For another delivery for this service, please provide the following information:**

Type of Animals expected to serve: DOG/PUPPY \_\_\_\_\_ CAT/KITTEN \_\_\_\_\_

Number of Animals Expected for next Month's services:

**Adoptions** \_\_\_\_\_ **Foster Homes** \_\_\_\_\_ **Transportation** \_\_\_\_\_

**Disclaimer:** Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of Tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such manner, PWNA will be forced to drop the Program Partner.

Program Partner Primary Contact Signature \_\_\_\_\_

Date \_\_\_\_\_



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