Maddie's Fund® Spay/Neuter (S/N) Application for a Community Collaborative Project

SAMPLE BASELINE YEAR REPORTING FORM FOR _____

BASELINE YEAR: _____

TOTAL PARTICIPATING VETERINARY HOSPITALS: _____

TOTAL PARTICIPATING NON-PROFIT S/N CLINCIS: _____

TOTAL PARTICIPATING GOVERNMENT S/N CLINCIS: _____

Name of Hospital or Clinic	Address	Discount/Voucher Clients			Regular Clients			Shelter Animals			Totals
		D	C	T	D	C	T	D	C	T	
TOTAL SURGERIES											