

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

SAMPLE BASELINE YEAR REPORTING FORM FOR VETERINARIANS

To apply for a grant from Maddie's Fund, **[name of Lead Agency]** must provide background data on the number of spay/neuter surgeries performed during **[identify the baseline year for the project]*** by the private practice veterinary hospitals and non-profit/government spay/neuter clinics that want to participate in the project. Please complete the information requested below for your private practice veterinary hospital or non-profit/government spay/neuter clinic and return this form to **[name of Lead Agency]** by **[date]**.

*The baseline year for Maddie's® Spay/Neuter Project and Maddie's® Pet Rescue Project must be the same time period.

VETERINARY CONTACT INFORMATION

NAME OF PRIVATE PRACTICE VETERINARY HOSPITAL, NON-PROFIT/GOVERNMENT SPAY/NEUTER CLINIC		
IF VMA MEMBER, NAME		
ADDRESS		
CITY	COUNTY	STATE
ZIP CODE	TELEPHONE	FAX
EMAIL ADDRESS	CONTACT (Name/Title)	CONTACT TELEPHONE

BASELINE YEAR S/N SURGERY STATISTICS

List the total number of spay/neuter surgeries performed at your private practice veterinary hospital or non-profit/government spay/neuter clinic during **[identify the baseline year for the project]**, broken down by species and the following categories: discount/voucher clients, regular clients, and shelter animals. If any of this information is estimated, please describe under COMMENTS how the estimates were derived.

	DOGS	CATS	TOTAL
S/N Discount/Voucher Clients			
S/N Regular Clients			
S/N Shelter Animals			
TOTAL S/N SURGERIES			

COMMENTS: (If needed, you may include an attachment not to exceed one page.)

SIGNATURE: _____

DATE OF REPORT: _____

[Special Note: The statistics you submit to **[name of Lead Agency]** will only be included in the grant application and shared with Maddie's Fund. No individual hospital's statistics will be publicly disclosed.]