



TOMMIE FUND APPLICATION

Municipal Shelter information

Name of shelter: _____ **Phone number:** _____

Address: _____

Shelter representative name: _____

Email address: _____ **Phone number:** _____

This representative is authorized to make medical decisions for animals in the care of your shelter.

Shelter's annual medical care budget: _____

Do you have a Foundation or similar organization that provides financial assistance for medical care of the animals of your shelter? Yes ___ No ___

If yes, please provide additional details:

Do you have a foster program or the ability to provide after care for animals who undergo surgery or other medical procedures? Yes ___ No ___

If yes, please describe:

Does your shelter have a social media presence? Yes ___ No ___

If yes, please provide details:

Private veterinarian used by shelter: _____

Phone number: _____ **Address:** _____