



**STRAY ANIMAL PROGRAM
APPLICATION FOR PARTICIPATION**

Name of Town or City: _____

Name of Animal Control Officer: _____

Mailing Address: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email Address: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Phone: _____ Email: _____

How did you hear about this program: _____

By my signature below, I certify that:

- I am an Animal Control Officer for the above mentioned municipality (include proof).
- I am authorized by the municipality listed above as the approved representative for submission of reimbursement requests for veterinary services (provide proof of authorization).
- I have read the Fund guidelines and will abide by such.
- I understand that reimbursement submissions are subject to the approval of the MVMA Charities Board of Directors and that limits to the total amount reimbursed per municipality per calendar year may be changed by the MVMA Charities at any time.
- I understand that only services to stray (non-owned) animals are eligible for reimbursement.

Print Name: _____ Signature: _____

Date: _____

Please return completed application to MVMA Charities.

MVMA Charities

A 501(c)(3) Not-for-Profit Supporting Organization
of the Massachusetts Veterinary Medical Association

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