



EVERY DOG FUND™
by Instinct Dog Behavior & Training®



This form MUST be completed by a licensed veterinarian or approved 501(c)(3) shelter or rescue group.

By completing this form, you are indicating that you have been authorized by the client to share their information with Instinct Dog Behavior & Training for the purposes of receiving training services through the Every Dog Fund™.

REFERRING ORGANIZATION

- ☐ Veterinarian
☐ 501(c)(3) Shelter
☐ 501(c)(3) Rescue Group

Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Signature: _____

CLIENT DETAILS:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Dog's Name: _____

Dog's Age: _____

Client's Annual Household Income is <\$40,000: ☐ Yes ☐ No

Nature of Client's Relationship to Referring Organization: _____

Reason for Referral: _____

Please email the completed form to everydogfund@instinctdogtraining.com

Every Dog Fund™ by Instinct Dog Behavior & Training®

181 E 111th St, New York, NY 10029

212-828-DOGS (3647); everydogfund@instinctdogtraining.com; www.instinctdogtraining.com/everydogfund