EVERY DOG FUND™
by Instinct Dog Behavior & Training®



REFERRAL FORM
NEW YORK CITY

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

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