

Charity Application Form

Charity Name: _____

Has the Charity ever operated under a different name: _____

Website: _____

ACNC Number: (Copy of Charity Registration to be attached) _____

Is the Charity Local, State or National? _____

Has this Charity used Greencross Vets previously, Yes/No? _____

If yes, which clinics? _____

If no, please provide 1-2 clinics to be used as a reference _____

Contact Person and Position: _____

Contact Phone & Email: _____

Email for Invoices & Monthly Account Statements: _____

Has anyone involved in the charity ever been convicted of animal cruelty crimes? Yes/No _____

If yes, provide details: _____

Estimated number of animals under this charities care at any given time? _____

Approximately how many animals do you anticipate will require vet services through Greencross Vets per year? _____

What services are you anticipating accessing through Greencross Vets? _____

What proof of ownership will you supply for each animal? _____

Who will the animals be registered to? _____

Are these animals fostered or housed at one property? _____

If housed at one property, provide the address of the property: _____

Part of the application approval may include a site visit to where animals are housed.