



Request for Community Support Assistance

Our mission is to relentlessly advocate for the well-being of animals that fall within the jurisdiction of the North Providence Animal Shelter, to support their caretakers and promote innovative programs and services within our community. Our community support program is designed to assist residents in North Providence, Johnston and Smithfield who may be struggling financially to care for their pets. All requests are reviewed and approved by the NPAWS Board of Directors. Submitting an application does not guarantee financial assistance will be provided.

First Name: _____ **Last Name:** _____

Year of Birth: _____ **Email Address:** _____

Street Address: _____ **Zip Code:** _____

City (circle): North Providence Johnston Smithfield **Cell Phone:** _____

**Residents of other towns can reach out to the RISPCA Veterinary Clinic for help at 401-228-3333*

Current Employer: _____ **Position:** _____

How can we help you and your pet? (e.g. spay, neuter, dental): _____

Please briefly explain your financial circumstances that indicate your need for support at this time: _____

Pet Name: _____ **Pet/Breed (Dog, Cat, Rabbit, etc.):** _____

Sex (circle): Male Female **Age:** _____ **Is Your Pet Spayed/Neutered:** Yes No

Your Pet's Veterinarian: _____ **Last Vet Visit:** _____

Veterinarian's City/Town: _____ **Is Your Pet Up to Date on Vaccinations?** Yes No

Are you willing to share a picture of your pet and give us permission to post on social media? Yes No

By signing and submitting this document I attest that the above information is true and accurate, and understand that the above information, if found to be misrepresented or untrue, may prevent me from getting financial assistance from NPAWS.

Signature: _____ **Date:** _____