

THE CHOW CHOW CLUB, INC. BREED WELFARE DIRECTORY APPLICATION

Organization or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

Title: _____ Founded/Years' Experience: _____

Website: _____ Facebook Instagram Twitter Tik Tok

Geographic area served by organization: _____

Which of the following best describes your organization? I am an Individual that rescues when needed

Foster Network Shelter Breed Rescue Other _____

This organization has 501c3 status: Yes No If Yes, EIN No.: _____

Has this organization/individual previously received a grant from The Chow Chow Club, Inc? Yes No

Number of Chow Chows Rescued Annually: _____ Number Adopted Annually: _____

Do you wish to be included in the public directory on the CCCI website? Yes No

Treating Veterinarian: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Treating Veterinarian: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Application submitted by: _____ **Date:** _____

Signature

Date Received: _____ Received by: _____

Approved for the CCCI Welfare Directory: Yes No by _____

Date added to Directory: _____ Date sent to Webmaster for public directory: _____

If not approved, why not? _____