



## NETBOOK PROGRAM SHELTER APPLICATION

Please fill out the shelter application form in its entirety to be eligible to receive the PetFirst Netbook program at your shelter. Submitting an application does not guarantee acceptance for the program.

Fill out and return the application to:

**PetFirst Healthcare**

Attn: Chelsea Mull

One Quartermaster Court

Jeffersonville, IN 47130

Phone: 812.206.6979

Fax: 812.206.8068

Email: [cmull@petfirst.com](mailto:cmull@petfirst.com)

SHELTER INFORMATION	
Organization Name: _____	
Petfinder Shelter ID: _____	
# of Shelter Locations : _____	# of Annual Adoptions: _____
<b>Shelter Location #1 (Main)</b>	<b>Shelter Location #2</b>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
# of Adoption Stations: _____	# of Adoption Stations: _____
# of Annual Adoptions: _____	# of Annual Adoptions: _____
Internet Access:    Wireless Ethernet Cable None	Internet Access:    Wireless Ethernet Cable None
<b>Shelter Location #3</b>	<b>Shelter Location #4</b>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
# of Adoption Stations: _____	# of Adoption Stations: _____
# of Annual Adoptions: _____	# of Annual Adoptions: _____
Internet Access:    Wireless Ethernet Cable None	Internet Access:    Wireless Ethernet Cable None

CONTACT INFORMATION	
<b>Primary Contact</b> Name: _____ Title: _____ Phone: _____ Email: _____	<b>Secondary Contact</b> Name: _____ Title: _____ Phone: _____ Email: _____
PROGRAM LAUNCH DATE PREFERENCE	
Month: _____ Year: _____	
TRAINING DATE PREFERENCE	
<b>Day of the Week</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Time</b> _____ AM/PM to _____ AM/PM _____ AM/PM to _____ AM/PM _____ AM/PM to _____ AM/PM _____ AM/PM to _____ AM/PM _____ AM/PM to _____ AM/PM

I verify the information provided above is accurate. I realize that submitting an application for the PetFirst Netbook program does not guarantee my organization will be selected to receive the netbook program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill out the entire application and submit via mail, fax or email to:

PetFirst Healthcare  
 Attn: Chelsea Mull  
 One Quartermaster Court  
 Jeffersonville, IN 47130  
 Phone: 812.206.6979  
 Fax: 812.206.8068  
 Email: [cmull@petfirst.com](mailto:cmull@petfirst.com)