



D.E.W.S partner application form

Organization name: _____
Organization representative: _____
Representative number: _____
Representative e-mail: _____
Organization address: _____

What type of organization are you representing? Example: Rescue, dog trainer, dog groomer, etc.

What do you want the partnership to look like? Do you want to implement the D.E.W.S system within your organization, do education nights, do outreach programs, etc.

Any additional thoughts, concerns or notes about the organization you are representing?

Depending on what kind of organization you are representing will effect what D.E.W.S can offer, this can come in the form of free or discounted bandana's, free educational material, free education seminars for fosters or clients, etc.

By signing below you acknowledge that all information is accurate and that you are not impersonating a representative from the organization.

Representative name (Please print): _____ Sign here: _____
Date signed: _____