To complete this form online please use the following link:

ONLINE FORM

Canadian Disaster Relief Grant Application

Support for Animal Welfare Organizations Affected by Disasters sponsored by Pedigree Foundation

Program Overview

This program provides up to $5,000 CAD to non-profit animal welfare organizations impacted by or assisting with communities affected by a natural disaster declared by relevant Canadian authorities. Eligible costs include veterinary care, medical supplies, food, shelter/boarding, transportation, cleanup/rebuild, and other urgent needs for rescued or displaced pets.

Applicant Information

Organization Name *

CRA Charity Number/Non Profit Incorporation # *

Are you a Member or Associate Member of Humane Canada *

- ☐ Yes
- ☐ No

Annual Operating Revenue *

According to your most recent Audited Financials

Contact Person Full Name *

First Name Last Name

Title *

Email Address *

example@example.com

Phone Number *

Please enter a valid phone number.

Website Address *

Organization Mailing Address *

Street Address

Street Address Line 2

City | Province | Postal Code

Disaster and Funding Request Details

Please specify the natural disaster and the affected area (e.g., wildfire in British Columbia, 2025). *

Date Declared and Declaring Authority *

Amount Requested (up to $5,000 CAD): $ *

Intended Use of Funds (Check all that apply) *

- ☐ Veterinary/Medical Care & Supplies
- ☐ Food & Pet Supplies (crates, bedding etc.)

Temporary Shelter/Boaarding

- [ ] Transportation/Relocation
- [ ] Cleanup/Rebuild of Impacted Shelter
- [ ] Other

If other, please explain:

Estimated Number of Pets Impacted: *

Narrative Questions

Breifly describe the disaster/situation and your plan to provide assistance. *

If supporting another shelter(s) or rescue(s) explain what the funds will cover *

Will you collaborate with other organizations? If yes please list them. *

Share the estimated timeline for the use of funds and how success will be measured *

Attachments

I have attached the following documents *

- ☐ Proof of Charitable Registration
- ☐ Brief narrative about your mission, programs, disaster response role
- ☐ Project Budget and Funder Details
- ☐ Photos, stories or other media (optional)

Certification

I certify the Information provided is accurate to the best of my knowledge: *

- ○ Yes

Full Name *

Title *

Date *

Please note: Response times may vary, but we will process your request as quickly as possible. Thank you for taking the time to complete this application.

Submit Application