



RESCUE APPLICATION

All information collected will remain confidential and used only by Taylor County Animal Shelter.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Email: _____

Contact Name: _____ Title: _____

Phone: (_____) _____ Email: _____

Fax: (_____) _____ Secondary Phone: (_____) _____

Alternative Contact: _____ Title: _____

Phone: (_____) _____ Email: _____

About Your Organization

Rescue Sanctuary Other _____

Are you breed specific? Yes No 501(c)(3) non-profit? Yes No

Tax-exempt ID # _____ Years in Operation: _____

Annual operating budget: _____

Do you have liability insurance specific to animal welfare organizations? Yes No

Annual canine intake: _____ Annual canine adoptions: _____

Annual feline intake: _____ Annual feline adoptions: _____

What is your organizations spay / neuter policy? _____

Capable of transporting multiple animals? Yes No If yes, how many? _____

Describe your transport vehicles (type of vehicle, ventilation, air conditioning / heat, stationary caging, etc) _____

How far are you willing to travel to pick up animals? _____

Animals:

What type of animal(s) does your organization provide placement for?

- Canine Feline Equine Rabbits Reptiles Chicken / Turkey
- Small Domesticated Animals Domesticated Birds Exotic Birds Farm Animals
- Other _____

Are senior animals accepted? Yes No

Are animals with medical conditions accepted? Yes No

If yes, please provide exceptions to medical acceptance policy or any comments: _____

Are animals with behavioral problems accepted? Yes No

If yes, please specify what behavior issues are accepted and what rehabilitation is provided: _____

Please list any further restrictions (including breed restrictions) your organization has: _____

Housing

How many animals is your organization capable of housing? _____

On average, how many animals does your organization house at one time? _____

Does your organization utilize foster homes? Yes No

Does your organization utilize a private boarding facility? Yes No

Please describe your organizations housing method for animals it cares for: _____

References

Please list veterinary clinics and veterinarians associated with your organization:

Clinic Name: _____

Veterinarian: _____

Phone: (_____) _____

Clinic Name: _____

Veterinarian: _____

Phone: (_____) _____

Clinic Name: _____

Veterinarian: _____

Phone: (_____) _____

Please list other shelters or organizations you currently work with that we may use as a reference for your organization.

Organization: _____

Contact Name: _____ Phone: (_____) _____

Email: _____

Organization: _____

Contact Name: _____ Phone: (_____) _____

Email: _____

Organization: _____

Contact Name: _____ Phone: (_____) _____

Required Documentation

- Copy of 501(c)(3) Letter of Determination
- Copy of Adoption Application Form
- Copy of Adoption Contract
- Copy of Foster Agreement Form (if foster homes are used)

I certify that the information given is complete and accurate to the best of my knowledge.

I certify that I am authorized to sign this application on behalf of the aforementioned organization. I understand that completion of this application does not guarantee approval to rescue from Taylor County Animal Shelter.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

If you wish to provide further information, please feel free to attach a separate piece of paper.

Please return completed application form and all required documents together.

OFFICE USE ONLY

Application Processed By: _____

Date: _____ Approved: Yes No

Notes: _____
