

Rescue Partner Application

Name of Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Website: _____ Phone Number: _____

Email: _____

Please check which description best fits your organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Private Organization | <input type="checkbox"/> Private Org. With
Government Contract |
| <input type="checkbox"/> Rescue Group | <input type="checkbox"/> Breed Specific Rescue | <input type="checkbox"/> Sanctuary |
| <input type="checkbox"/> Other _____ | | |

Is your organization a registered 501c non-profit? YES NO Tax-exempt ID# _____

Number of Years in Operation: _____ Annual animal Intake: _____

Annual number of Adoptions: _____ Number of Foster Homes: _____

Animals Accepted:

- | | | | |
|---------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Small Animals (hamsters,
gerbils, ferrets, etc.) |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Pigs | <input type="checkbox"/> Equine (horses, mules, donkeys,
etc.) |
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Chickens | <input type="checkbox"/> Goats | <input type="checkbox"/> Other _____ |

Will your organization consider taking animals with medical conditions? YES NO

➤ IF YES, upon what grounds is a determination of acceptability made?

Will your organization consider taking animals with behavior problems? YES NO

➤ IF YES, upon what grounds is a determination of acceptability made?

Are senior animals accepted? YES NO

Please explain any restrictions: _____

Contact Information:

By completing this form, you are authorizing the individuals below to act on behalf of your organization under the Linda L. Kelley Animal Shelter Rescue Partner Policies.

Primary Contact Name: _____ Title: _____

Cell Number: _____ Home Phone: _____

Email: _____

Alternate Contact Name: _____ Title: _____

Cell Number: _____ Home Phone: _____

Email: _____

Alternate Contact Name: _____ Title: _____

Cell Number: _____ Home Phone: _____

Email: _____

References:

Please include the veterinary clinic and veterinarian associated with your organization and two (2) other references.

Clinic Name: _____ Phone Number: _____

Veterinarian: _____ Email: _____

#1 Reference Name: _____ Relationship: _____

Phone Number: _____ Email: _____

#2 Reference Name: _____ Relationship: _____

Phone Number: _____ Email: _____

I certify that the information given is complete and accurate to the best of my knowledge. I give permission to The Linda L. Kelley Animal Shelter to contact my references. I understand this application does not guarantee acceptance into the Linda L. Kelley Animal Shelter's Rescue Partner program. I certify that I am authorized to sign this Application on behalf of the aforementioned organization.

Signature _____ Date _____