

## New Rescue Information Form

Rescue Name		
Rescue Address	Street:	
	City:	State/Zip:
Rescue Contact Number	Main:	Alt:
Rescue Email		
Do you have a 501c3?	Yes      No	<i>If so please provide a copy of the 501c3 with this form.</i>

### List each individuals that are approved to tag for your rescue.

Name	Address	Phone

### Provide the information of who will be financially responsible for all dogs sterilization/vaccination.

Name:

Mailing Address:

Phone:

DL:

State of DL:

Email:

### List Shelter Reference of who you have previously pulled from.

Shelter Name:	Shelter Contact:	Shelter Email:
Shelter Name:	Shelter contact:	Shelter Email:
Shelter Name:	Shelter contact:	Shelter Email:

Do you have social media sites for your rescue? If yes please list which ones.	Yes                  No _____ _____
Has your rescue ever been cited for not submitting sterilization/vaccination proof? If yes please explain.	Yes                  No _____ _____ _____ _____ _____
Are you banned from pulling animals from other shelters? If yes please explain.	Yes                  No _____ _____ _____ _____ _____

**Please list a few Veterinarians that your rescue uses for shelter dogs.**

Veterinarian Name: Veterinarian Contact Number: Veterinarian Email:
Veterinarian Name: Veterinarian Contact Number: Veterinarian Email:
Veterinarian Name: Veterinarian Contact Number: Veterinarian Email:

*By signing below you accept the responsibility of stating that you are signing in verification that all information is correct and true. If information is found to not be true, the rescue listed on this form will no longer be permitted to tag dogs from our shelter.*

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

<b>Office Use Only</b> Approval: Yes   No Employee Signature: _____ Date: _____
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