



Austin Animal Services Rescue Group Application



Your Organization's Name

Representative's name

Street Address

Primary Phone

E-mail

City

State

Zip

Driver's License/ID

State

Primary Phone

Secondary Phone

Vet Name

Vet Phone

Primary E-mail

Website

Vet Address

What Are Your Rescue's Goals?

What types of animals do you rescue? _____

When did your organization start? _____ Are you a registered 501(c)(3)? Yes No
(Please attach 501(c)(3) documentation)

Do you accept mixed-breed animals, or purebreds only? _____

If so, what breed(s)? _____

Do you screen adoption applicants? _____

Are your animals kept indoors or outdoors? _____

Are your animals housed in foster homes or at a shelter? _____

Can you provide shelter references? _____ (Please attach references)

Do you accept animals with medical issues? _____ Behavior issues? _____

What sources do you currently rescue from? _____

Please attach additional pages if needed.

Approved Persons Representing Your Organization

Name	Contact Number	Driver's License/ID	E-mail

**Submit completed form and attachments to: ATTN Rescue Coordinator
Austin Animal Center
PO Box 1088
Austin, TX 78767**

Phone: 512-978-0500

Submitted by _____