



RESCUE APPLICATION

ALL RESCUE GROUPS MUST HAVE A 501(C) (3)

General Information

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS: _____

WEBSITE: _____

PHONE #: _____

HOW LONG HAS YOUR ORGANIZATION BEEN INVOLVED IN ANIMAL PLACEMENT?

WHAT SPECIES OF ANIMALS DO YOU SPECIALIZE IN?

DOGS CATS OTHER: _____

WHAT SERVICES DO YOU PROVIDE?

PLACEMENTS IN PERMANENT HOMES

TRANSFERS (IF YES THE GROUP THE ANIMAL IS TRANSFERRED TO MUST BE A 501C3 ORGANIZATION AND APPROVED BY GARLAND ANIMAL SERVICES)

LIFETIME CARE

WILLING TO COORDINATE LONG-DISTANCE RESCUES

Capacity

HOW MANY ANIMALS DO YOU PLAN TO MAINTAIN IN YOUR GROUP'S POSSESSION (ON AVERAGE)? _____

HOW LONG DOES AN ANIMAL STAY IN YOUR GROUP BEFORE ADOPTED (ON AVERAGE) _____

BEHAVIOR ISSUES

IS YOUR GROUP PLANNING ON TAKING ANIMALS WITH BEHAVIOR PROBLEMS **YES NO**

*NOTE: GARLAND ANIMAL SERVICE IS **NOT** REQUIRED TO RELEASE AN ANIMAL TO A GROUP.

IF YES WHICH ISSUES:

AGGRESSION FOOD AGGRESSION ANIMAL AGGRESSION FEARFUL
SOCIALIZATION SHY NEUROLOGICAL

MEDICAL PROGRAM

IS YOUR GROUP PLANNING ON TAKING ANIMALS WITH MEDICAL CONDITIONS **YES NO**

*NOTE: GARLAND ANIMAL SERVICE IS **NOT** REQUIRED TO RELEASE AN ANIMAL TO A GROUP.

LIST THE MEDICAL CONDITIONS YOUR GROUP IS PREPARED TO HANDLE

LIST THE VETERINARIAN(S) YOU WORK WITH

WHAT MEASURES DO YOU TAKE TO ENSURE THE ANIMALS WILL BE SPAYED AND NEUTERED?

FOSTER PROGRAM

HOW MANY ACTIVE FOSTER HOMES DO YOU CURRENTLY HAVE? _____

WHAT IS THE MAXIMUM NUMBER OF ANIMALS ALLOWED IN A FOSTER HOME? _____

LIST ALL FOSTER HOMES WITHIN THE CITY OF GARLAND

DOES THE ORGANIZATION USE A SHELTER? **YES** **NO**

IF YES HOW MANY KENNELS _____

DO YOU PLAN ON PLACING THE ANIMALS AT A BOARDING FACILITY IF A FOSTER IS NOT AVAILABLE AT THE TIME? **YES** **NO**

DESIGNATED TRANSFER MEMBERS

LIST ALL VOLUNTEERS OR STAFF MEMBERS AND THEIR CONTACT INFORMATION THAT YOU HAVE DESIGNATED AND APPROVED TO PULL AND TRANSFER ANIMALS FOR YOUR ORGANIZATION. WE WILL REQUIRE A COPY OF THE PULLERS DRIVER LICENSE BEFORE THE ANIMAL IS PULLED. IT IS THE RESPONSIBILITY OF THE PULLER TO MAKE SURE GARLAND ANIMAL SERVICE RECEIVES THE PROOF OF SPAY/NEUTER. IF NAMES NEED TO BE ADDED OR DELETED FROM THE LIST IT IS THE RESPONSIBILITY OF THE RESCUE ORGANIZATION TO UPDATE AS NECESSARY. ANIMALS WILL NOT BE RELEASED TO INDIVIDUALS NOT ON THE LIST.

1. NAME _____
CELL NUMBER _____
HOME NUMBER _____
E-MAIL _____
2. NAME _____
CELL NUMBER _____
HOME NUMBER _____
E-MAIL _____
3. NAME _____
CELL NUMBER _____
HOME NUMBER _____
E-MAIL _____
4. NAME _____
CELL NUMBER _____
HOME NUMBER _____
E-MAIL _____

TAGGING FOR RESCUE

ONLY GROUPS OR PERSON WITH A 501 (C) (3) MAY TAG AN ANIMAL. **ALL TAGS MUST BE MADE BY EMAIL TO RESCUE@CI.GARLAND.TX.US NOT BY PHONE, VOICEMAIL OR ANY OTHER ANIMAL SERVICE EMPLOYEES EMAIL.** ANY ANIMAL CAN BE TAGGED BEFORE OR AFTER THE STRAY HOLD IS UP; ONCE THE ANIMAL IS TAGGED YOU WILL BE NOTIFIED BY THE RESCUE COORDINATOR WHEN THE ANIMAL IS AVAILABLE FOR RESCUE. YOU WILL HAVE 24 HRS FROM THE TIME YOU ARE NOTIFIED TO PULL THE ANIMAL UNLESS OTHER ARRANGEMENTS ARE MADE. DUE TO SPACE WE NEED ALL TAGGED RESCUE ANIMALS PULLED ASAP TO INSURE THE HEALTH OF ALL ANIMALS AND THAT OTHER ANIMALS NOT TAGGED CAN BE RESCUED.

PLEASE PRINT

NAME: _____

SIGNATURE: _____ DATE: _____