

# Beaufort County Animal Control

## Application for Rescue Partners

### Rescue Organization Information

Organization Name: \_\_\_\_\_ Est. Date: \_\_\_\_\_

Contact Person for Rescue: \_\_\_\_\_ EIN: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Attach the Following Information:**

\_\_\_ Approved 501c3 Letter

\_\_\_ List of Agents authorized to pick up animals from our shelter on your behalf

\_\_\_ List of Agents authorized to confirm pull requests with our rescue coordinator on your behalf

\_\_\_ Two rescue references from other animal shelters

\_\_\_ Name and phone number of your organization's veterinarian

\_\_\_ Signed and dated copy of the Beaufort County Animal Control Guidelines for Rescue Partners

What type of animals does your organization accept? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

What is your adoption fee? \_\_\_\_\_

What services are provided for that fee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your organization provide microchips for your animals or would you need microchips provided from our shelter? \_\_\_\_\_

Does your organization screen potential adopters before adopting an animal out? \_\_\_\_\_

Do you require veterinary references or home visits for potential adopters? \_\_\_\_\_

Do you require animals to be returned to your organization in the event the new owners are unable to continue to provide care or are unable to keep the animal? \_\_\_\_\_

Do the animals in your rescue stay in a facility or foster homes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If foster homes: Are these homes in your area? \_\_\_\_\_

Do you routinely check on the animals in these homes? \_\_\_\_\_

Beaufort County Animal Control requires that all animals rescued or transferred from our facility must be spayed or neutered before being released from your care. By signing below, you are agreeing to spay/neuter all animals taken from the Beaufort County Animal Control shelter prior to release from your organization.

\_\_\_\_\_ Primary Contact Person signature

Beaufort County Animal Control requires that all animals rescued from or transferred from our facility must be vaccinated for rabies before being released from your care. By signing below, you are agreeing to vaccinate all animals taken from the Beaufort County Animal Control shelter for rabies prior to release from your organization.

\_\_\_\_\_ Primary Contact Person signature

**I confirm the above and attached information is complete and accurate to the best of my knowledge.**

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