

Williamson County Regional Animal Shelter Rescue Group Application

ORGANIZATION NAME	
STREET ADDRESS	APT. #
CITY	STATE ZIP
BUSINESS PHONE	FAX NUMBER
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ORGANIZATION EMAIL ADDRESS	
YOUR NAME	PHONE
DRIVERS LICENSE OR I.D. NUMBER STATE	
ADDRESS	CITY STATE ZIP
VETERINARIAN NAME	PHONE
ADDRESS	CITY STATE ZIP

<p>What types of animals are you interested in rescuing?</p> <p>CIRCLE ONE: CAT DOG OTHER _____</p> <p>This application will help us meet our goal of placing the right animal with the right person. We intend for our animals to go into permanent, responsible, loving homes. To this end we will decide which pets will be adopted to which people.</p> <p>1. Is your organization a 501 (c) 3, non-profit organization? YES NO</p> <p style="padding-left: 40px;">If yes, attach appropriate paperwork documentation of such.</p> <p>2. Do you have policies in place regarding spay/neuter and vaccination of the animals who come into your care? YES NO</p> <p style="padding-left: 40px;">If yes, attach appropriate documentation of such.</p> <p>3. Is your organization breed specific? YES NO</p> <p style="padding-left: 40px;">If so what breed? _____</p> <p>4. Do you accept mix breed animals or purebred animals only? _____</p> <p>5. Do you screen adoption applications? YES NO</p> <p style="padding-left: 40px;">If yes, attach appropriate paperwork documentation of such.</p> <p>6. Are your animals kept indoors or outdoors? _____</p>
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APPROVED PERSONS REPRESENTING YOUR ORGANIZATION OR YOU

(If they are not on the list then they will not be allowed to rescue and will have to go through the regular adoption process and pay appropriate fees)

NAME (PRINT CLEARLY)	CONTACT NUMBER	DRIVER'S LICENSE OR I.D. #	EMAIL ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			

I agree to keep all animals adopted from the WCRAS as companion animals until they are adopted. I understand that these animals have been determined to be healthy, but that no guarantee of their health or soundness can be made. I understand the recommendation that I have the animals examined by a veterinarian within 72 hours of taking them from the facility. I agree that upon approval as a WCRAS approved rescue group, my facility and other rescue locations associated with the named persons, may be inspected. I also acknowledge that if I refuse inspection of the facility or other rescue locations upon appointment with the WCRAS, my organization and the approved rescuers will be removed from the approved rescue group list. Upon removal from the list, all further animals will be adopted per WCRAS adoption policies and all applicable fees will apply. I further understand that if my facility or rescue locations of members are within a City or County that requires permits for rescue organizations or has an animal limit ordinance, a permit for a commercial animal establishment will apply to all locations containing animals. I accept full responsibility for the humane care and control of these animals and their health and for any consequences of their actions. I agree that all medical care will be at my expense and that I will have the animal neutered prior to adoption. I agree to keep these animals in accordance with all applicable laws of my community, county and state. I agree these animals will not be used for breeding, experimental or medical purposes.

I ACCEPT THE TERMS OF THIS AGREEMENT

X _____
SIGNATURE