



DALLAS ANIMAL SERVICES RESCUE/PLACEMENT GROUP APPLICATION

Name of Org. / Individual: _____

Physical Address: _____

Mailing Address: _____

E-Mail Address: _____

Website Address: _____

Contact Information: *[Please complete for each person acting on behalf of the organization/agency. If more than four, please provide additional names of separate sheet of paper.] A valid Texas Driver's License is required for all transactions.*

Name: _____

Address: _____

Telephone: _____

FAX: _____

E-Mail: _____

Name: _____

Address: _____

Telephone: _____

FAX: _____

E-Mail: _____

Name: _____

Address: _____

Telephone: _____

FAX: _____

E-Mail: _____

Name: _____

Address: _____

Telephone: _____

FAX: _____

E-Mail: _____

Type of Organization:

Corporation *(please submit a copy of Incorporation documents)*

Private Organization *(please submit a copy of organization bi-laws)*

Private Individual

Other *(please explain and provide supporting documentation)*

Non-Profit: Yes *if yes, are you registered with:* Federal State Not Registered

Government Agency: Yes No *(please submit supporting documentation)*

Sponsorship: National Breed Club Local Breed Club Private Sponsorship

Other: _____

Number of: Years in operation _____ Staff Members _____ Volunteers _____

Geographic region covered: _____

Service Information:

Type of services offered: *(check all that apply)*

- Breeder Referral
 Rescue Other
 Foster

Type of services offered: *(check all that apply)*

- Foster Homes Boarding at Vet
 Indoor Kennels Kennel /Cattery
 Outdoor Kennels Other _____

Does your organization have an age restriction on potential animals? Yes No

If yes, please specify the age limit: _____

How much time is needed to arrange for transport and/or foster care? _____

Do you maintain a waiting list for interested adopters? Yes No

Are there circumstances under which you would deem an animal to be non-placeable with the general public? Yes No *If yes, is euthanasia an option at your organization/agency?* Yes No

Veterinary References: *[Please provide list of veterinarians/clinics used. If more than four, please provide additional names on separate sheet of paper.]*

Name: _____

Address: _____

Telephone: _____

FAX: _____

Name: _____

Address: _____

Telephone: _____

FAX: _____

Name: _____

Address: _____

Telephone: _____

FAX: _____

Name: _____

Address: _____

Telephone: _____

FAX: _____

Animal Shelter References: *[Please provide name(s) of other shelter(s)/agencies that you work with. If more than four, please provide additional names on separate sheet of paper.]*

Name: _____

Address: _____

Telephone: _____

Contact Person: _____

Name: _____

Address: _____

Telephone: _____

Contact Person: _____

Name: _____

Address: _____

Telephone: _____

Contact Person: _____

Name: _____

Address: _____

Telephone: _____

Contact Person: _____

Transporters: [Please provide names or individuals and/or organizations approved to pick-up animals on your behalf. If more than six, please provide additional names on separate sheet of paper.] **A valid Texas Driver's License is required for all transactions.**

Name: _____
Address: _____

Telephone: _____
Alt. Telephone: _____
FAX: _____

Name: _____
Address: _____

Telephone: _____
Alt. Telephone: _____
FAX: _____

Name: _____
Address: _____

Telephone: _____
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Name: _____
Address: _____

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Alt. Telephone: _____
FAX: _____

Name: _____
Address: _____

Telephone: _____
Alt. Telephone: _____
FAX: _____

I ATTEST THAT INFORMATION PRESENTED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Authorized signature

Date

Printed Name

Title

FOR OFFICE USE ONLY:

__ Entered _____ (initials) on _____ (date) Group ID # _____

Date application submitted: _____ Application review by: _____

Were reference(s) verified: __ Yes (If yes, please list person/organization below) __ No

APPROVAL: __ Yes __ No (If no, please indicate below)

Date application approved or denied: _____

Authorized Signature

Date