



Rescue Application Form

Thank you for your interest in becoming an approved partner with Corpus Christi Animal Care Services. Please fill out this rescue application. Please provide a copy of your IRS determination letter to confirm proof of your 501 (c) (3) non-profit status. Thank you for all that you do! We look forward to working with you in the future.

Rescue/Shelter Name

Non-Profit Tax ID/EIN

Physical Address

City

State

Zip

Mailing Address *(if different from above)*

City

State

Zip

Primary Contact

Title

Phone

Email

Website

Site to view adoptable animals if different from your website: _____

We are asking for your specific URL, please do not just list generic sites such as Petfinder or Adopt-A-Pet

List all social media pages – *please be specific*

Please answer the following:

What is your mission statement?

How long has your organization been operating? _____

Is your organization foster-based, have a brick-and-mortar facility, or both? Please describe

Please briefly describe your adoption process and what requirements you have for adoption.

What types of animals are you interested in pulling from CCACS?

Dogs Cats Exotics Pocket Pets Livestock Other (describe)

Do you sterilize all dogs and/or cats prior to adoption? Yes ____ No ____

If no, what measures do you have in place to ensure that adopted pets are sterilized post-adoption?

Please provide your organization's plan for the placement of animals in the event of death, injury, or financial disaster that prevents your organization from continuing its operations..

Please provide a brief description of any behavior or medical conditions that your organization is unable to treat or rehabilitate.

For Office Use Only		
Status: Approved: <input type="checkbox"/> Reject: <input type="checkbox"/>	Decision Notes:	Person ID:
Date	Reviewed By:	