

Laredo Animal Care Services

Non-Profit Rescue Partner Application

5202 Maher, Laredo, Texas 78041 (956-717-5762)

Rescue Organization Information				
Printed Name of the Organization:				
Address Line 1:			Primary Contact:	
Address Line 2:			Primary Number:	
City:	State:	Zip:	Secondary Number:	
Website:			Email:	
References				
Please provide at least three (3) organizations or shelters that you have worked with. Begin with those most recent. References are only valid if they can be contacted.				
Name	Organization	Type	Phone	Email
Organization 's Questionnaire Responses				
1. Has the Laredo Animal Care Facility previously released animals to your organization?				Yes / No
2. If Yes, have any animals released to your organization been reclaimed by the Facility?				Yes/ No
2b. If yes, please provide details.				
What Type of animals does your organization accept:		Please list any animal types your organization works with below.		
Signature (Rescue Rep.):			Date of Signature:	
Printed Name of the Organization's Representative:				
Representative's Address:				
Phone No:			Date of Birth:	
Driver's License #:			Driver's Lic. State:	
Approved by(print name of ACO):		Date:	Authorizing Signature:	

Rescue Org. Release Form 11 01 12

****PLEASE SUBMIT THE ORGANIZATION'S 501C3 FORM ALONG WITH COMPLETED APPLICATION.****