

Bastrop County Animal Shelter Rescue Partner Application (2 pages)

_____ Your Organization's Name	_____ Representative's Name
_____ Street Address	_____ Primary Phone
_____ City, State, Zip Code	_____ E-Mail
_____ Website	_____ Veterinarian Name
	_____ Veterinarian Street Address
	_____ Veterinarian City, State, Zip Code

Rescue Goals

What types of animals do you rescue? _____

When did your organization start? _____

Are you a 501(c)3? Yes _____ No _____ (please attach documentation if yes)

Do you accept mixed-breed animals or purebreds only? _____

What breeds do you accept? _____

What breeds do you NOT accept? _____

Do you screen adoption applicants? _____

Are you a foster based organization or do you have a facility? _____

Are your animals kept indoors or outdoors? _____

Can you provide shelter references? _____

Do you accept animals with medical issues? _____

Do you accept animals with behavior issues? _____

What sources do you currently rescue from? _____

Please attach additional pages if needed

Approved persons who represent your organization

Name	Contact Number	DL Number	E-mail	Role

Please submit completed form and any attachments to
Wendy.ballard@co.bastrop.tx.us