



# Austin Animal Services Rescue Group Application



\_\_\_\_\_  
Your Organization's Name

\_\_\_\_\_  
Representative's name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License/ID

\_\_\_\_\_  
State

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Vet Name

\_\_\_\_\_  
Vet Phone

\_\_\_\_\_  
Primary E-mail

\_\_\_\_\_  
Website

\_\_\_\_\_  
Vet Address

## What Are Your Rescue's Goals?

What types of animals do you rescue? \_\_\_\_\_

When did your organization start? \_\_\_\_\_ Are you a registered 501(c)(3)?  Yes  No  
(Please attach 501(c)(3) documentation)

Do you accept mixed-breed animals, or purebreds only? \_\_\_\_\_

If so, what breed(s)? \_\_\_\_\_

Do you screen adoption applicants? \_\_\_\_\_

Are your animals kept indoors or outdoors? \_\_\_\_\_

Are your animals housed in foster homes or at a shelter? \_\_\_\_\_

Can you provide shelter references? \_\_\_\_\_ (Please attach references)

Do you accept animals with medical issues? \_\_\_\_\_ Behavior issues? \_\_\_\_\_

What sources do you currently rescue from? \_\_\_\_\_

*Please attach additional pages if needed.*

## Approved Persons Representing Your Organization

Name	Contact Number	Driver's License/ID	E-mail

**Submit completed form and attachments to:**

ATTN Rescue Coordinator  
Austin Animal Center  
PO Box 1088  
Austin, TX 78767

Submitted by \_\_\_\_\_

Phone: 512-978-0500, Fax: 512-978-0616  
E-mail: [tlac.rescue@austintexas.gov](mailto:tlac.rescue@austintexas.gov)