



# GARLAND

---

## ANIMAL SERVICES

### GARLAND ANIMAL SERVICE RESCUE APPLICATION

600 TOWER ST  
GARLAND, TX 75040  
972-205-3570

**All Garland Animal Services rescue partners are required to have a non-profit 501(C)(3) from on file.**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_ Website \_\_\_\_\_

Primary email \_\_\_\_\_

**Please check which description best fits your organization:**

- Govt. Agency     Private Org.     Private Org. w/ govt. contract  
 Rescue Group     Breed Specific Rescue     Sanctuary     Other \_\_\_\_\_

Employer Identification Number (EIN) # \_\_\_\_\_

What is your annual operating budget? \_\_\_\_\_ Number of years in operation \_\_\_\_\_

Does your organization have liability insurance specific to animal welfare organizations? \_\_\_Yes \_\_\_No

Annual intake: \_\_\_\_\_ Annual number of adoptions: \_\_\_\_\_

## Contact information

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Alternate \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Alternate \_\_\_\_\_

Email \_\_\_\_\_

## Animals Accepted

The organization provides placement for the following type(s) of animal(s):

- Dogs       Cats       Rabbits       Small Animals (hamsters, gerbils, guinea pigs, ferrets)  
 Domesticated Birds (parakeets, canaries, finches)       Exotic Birds       Reptiles  
 Equine (horses, mules, donkeys)       Pigs  Cattle       Goats       Sheep  
 Chickens/Turkeys       Other \_\_\_\_\_

Will the organization consider taking animals with medical conditions? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide any exceptions to this policy.

---

---

---

Will the organization consider taking in animals with behavior problems? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify what behaviors are accepted and what sort of training/rehab is provided:

---

---

---

Are senior animals accepted? \_\_\_\_ Yes \_\_\_\_ No Comments: \_\_\_\_\_

Please list any additional restrictions (including breed restrictions):

---

---

## Housing

How many animals can the organization collectively house? \_\_\_\_\_

How many animals does the organization generally house at one time (on average)? \_\_\_\_\_

Please describe the housing methods used for animals in the organization's care:

---

---

---

---

Does the organization make use of foster homes? \_\_\_\_ Yes \_\_\_\_ No

Does the organization use private boarding facilities? \_\_\_\_ Yes \_\_\_\_ No

## Community Relationships

Please list the veterinary clinic and veterinarian associated with the organization that we may contact for a reference:

Clinic name \_\_\_\_\_

Veterinarian \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list other shelters or animal welfare organizations your organization is currently working with that we may contact for a reference:

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

## Other Information

What is the organization's spay/neuter policy? \_\_\_\_\_  
\_\_\_\_\_

Are you able to transport multiple animals? \_\_\_\_\_ Yes \_\_\_\_\_ No      How many? \_\_\_\_\_

Are your volunteers equipped with proper transport kennels/carriers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have fosters within the City of Garland? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the information given is complete and accurate to the best of my knowledge. I understand that all tags must be submitted by email to [Rescue@GarlandTX.gov](mailto:Rescue@GarlandTX.gov) and not by phone, voicemail, or any other email accounts. I understand that we have 24 hours from notification to ensure designated pets are picked up, unless other arrangements are made and approved by shelter representative. I acknowledged that I have read and understand the Garland Animal Services Rescue Outline. I certify that I am authorized to sign this application on behalf of the aforementioned organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Please feel free to attach a separate sheet of paper if you would like to provide additional information.

Required Documents as part of the Garland Animal Services Rescue Partner program application process, please provide the following:

- Copy of 501 (c)(3) letter of determination
- Copy of adoption application form
- Copy of adoption contract
- Copy of foster agreement form (if foster homes are used)
- List of board members with contact information
- Copy of letter of reference from licensed veterinarian and letter of reference from another local humane organization, local government officials or state professional association

Please return the completed application form and all necessary documents to [Rescue@GarlandTX.gov](mailto:Rescue@GarlandTX.gov)