



GARLAND

ANIMAL SHELTER &
ADOPTION CENTER

GARLAND ANIMAL SHELTER RESCUE APPLICATION

1902 Highway 66
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) # _____

Number of years in operation _____

Does your organization have liability insurance specific to animal welfare organizations? ___ Yes ___ No

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

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 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
- List of board members with contact information

Please return the completed application form and all necessary documents to Rescue@GarlandTX.gov