

RESCUE GROUP APPLICATION FORM

ORGANIZATIONAL INFORMATION

Name of Organization	Licensed By (if applicable)	Contact Name #1
Nonprofit? (Yes) (No)		
If nonprofit:		
<input type="checkbox"/> Not Registered	License Number	Phone Number
<input type="checkbox"/> Registered with State of Michigan		FAX Number
<input type="checkbox"/> Federally Registered		Email
Tax-Exempt I.D. #	Mailing Address	Contact #2
Nonprofit Registration #	Website URL	Phone Number
Number of years in operation: _____	Number of Volunteers Paid Staff:	FAX Number
Geographic Area Covered		Email

ANIMAL ASSISTANCE INFORMATION

Types of animals assisted: _____
(ex. dogs only, cats only, dogs and cats, birds, rabbits, ferrets, horses, etc. if a specific breed of pet, please list that breed.)

<p>Do you offer housing for animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, housing type: <input type="checkbox"/> Fostering in private residence: <input type="checkbox"/> indoor <input type="checkbox"/> indoor/outdoor <input type="checkbox"/> outdoor <input type="checkbox"/> boarding at kennel <input type="checkbox"/> boarding at vet <input type="checkbox"/> other (list) _____</p> <hr/> <p>Do you use a contract with your foster care givers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is spay/neuter mandatory for adopted animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do any of your foster care givers foster for group other than your own? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have any of your foster care givers ever been charged with animal cruelty? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p>If yes, explain: _____ _____ _____</p>	<p>Are there circumstances under which your group would not make an animal available for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____ _____</p> <p>Are there circumstances under which your group would not make an animal available for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is euthanasia an option for your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Performed by: _____ _____ _____</p> <p>If euthanasia is not an option, please desc the long-term placement setup provided b group: _____ _____ _____</p> <p>Restrictions on animals you will assist: (age, health, temperament, etc.) _____ _____ _____</p>	<p>If you cannot take an animal in, do you offer assistance through referrals to other organizations or individuals: For shelters? <input type="checkbox"/> Yes <input type="checkbox"/> No For owner? <input type="checkbox"/> Yes <input type="checkbox"/> No For breeders? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you refer unsterilized animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restrictions on animals you will refer: _____ _____</p> <p>Care provided for animals by your group: <input type="checkbox"/> Vaccinations Given by vet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Heartworm testing <input type="checkbox"/> Heartworm treatment <input type="checkbox"/> Feline leukemia FIV testing <input type="checkbox"/> Professional dental care <input type="checkbox"/> Professional obedience training <input type="checkbox"/> House training <input type="checkbox"/> Socialization of unsocialized pets <input type="checkbox"/> Tattoo/microchipping <input type="checkbox"/> Other Other types of services offered: <input type="checkbox"/> Temporary foster care for animals involved in cruelty cases <input type="checkbox"/> Animal behavior counseling <input type="checkbox"/> Breed identification assistance for shelters <input type="checkbox"/> Temperament/health evaluation at shelters <input type="checkbox"/> Educational programs for shelter staffs on specific breeds <input type="checkbox"/> Educational programs for shelter staffs on specific breeds <input type="checkbox"/> Information packets about specific breeds</p>
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