

CHESTERFIELD COUNTY ANIMAL SERVICES ANIMAL RESCUE APPLICATION

467 Goodale Road / Chesterfield SC 29709 / (843) 623-3585

Rescue Group's name:

Address:

Phone # (s)

Fax #

E-mail:

Point of Contact:

1<sup>st</sup>

2<sup>nd</sup>

Is your rescue classified as a 501-c tax exempt organization by the IRS? Yes No

Are you registered as a Charity by the State of SC or any other state? Yes No

Which state(s)? \_\_\_\_\_

Please submit copies of your group's:

501c3 letter from IRS

State Registration as Rescue Organization ( if not 501c3)

Please provide the names and phone numbers of any representatives that may provide transport for your organization.

Is your Rescue group:

- A Private Shelter
- County facility
- Network of Foster Homes
- Referral service only

Are you open to accepting any animal or are there restrictions to acceptance (Open Admission vs. Limited Admission)? If yes, what are your restrictions?

Are all animals sterilized prior to release for adoption?

Under what circumstances would you allow an intact animal to be adopted?

What medical issues will you tolerate/treat?

What behavioral issues will you tolerate/treat?

Please provide veterinary information for the veterinarian(s) who work with your group.

Name:

Address:

Phone:

Please provide the names and contact information for at least 2 other Rescue Groups or Shelters you work with.

1.

2.

If necessary, do you euthanize animals? Is this done on-site or off-site (vets office) ?

What is your placement/adoption procedure?

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of individual completing application

Please print name here: \_\_\_\_\_

### OFFICE USE ONLY

Application approved

Application NOT approved: Reason