Kingsville Animal Control and Care Center

Rescue Partner Application Form, AC-005(a)

Thank you for your interest in becoming a rescue partner with the Kingsville Animal Control and Care Center. A completed and approved application is required prior to a rescue pulling animals from the Kingsville Animal Control and Care Center.

For Office Use Only			
Status: Approved: Reject:	Reject Reason:		Health Director Initials:
RESCUE PARTNER INFORMATION (all blocks required)			
Name of Rescue:			
Director's Name:			
Address of Rescue:			
Primary Phone:			
Primary Email:			
ORGANIZATION INFORMATION MATERIALS - REQUIRED			
Copy of 501(c)(3) Incorporation Letter			
PERSONS AUTHORIZED TO PULL ANIMALS – List ONLY those allowed to "Tag" under your Rescue			
Name:		Phone:	
Name:		Phone:	
Name: Phone:			
Name:	ame: Phone:		