



## RESCUE PARTNER PARTICIPATION APPLICATION

### ORGANIZATION INFORMATION (please print)

Name:

Mailing Address:

City:

State:

Zip:

Phone:

E-Mail:

Website:

### PRIMARY CONTACT INFORMATION (please print)

Name:

Title:

Address:

City:

State:

Zip:

Phone:

E-Mail:

### TELL US ABOUT YOUR ORGANIZATION (please print)

Is your organization a 501(c)(3) not-for-profit? \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please include copy of your IRS Determination Letter.

What type of work does your organization do? (rescue, rehabilitation, sanctuary, shelter, etc.)

Approximately how many animals will you bring us annually? \_\_\_\_\_ Cats  
\_\_\_\_\_ Feral Cats  
\_\_\_\_\_ Dogs

Where do your rescue animals come from? (check all that apply) Please include percentage.

- (\_\_\_\_) Erie County      \_\_\_\_\_% from Erie County  
 (\_\_\_\_) Western New York      \_\_\_\_\_% from WNY  
 (\_\_\_\_) Out-of-State      \_\_\_\_\_% from Out-of-State

Do you spay/neuter before or after adoption?    \_\_\_BEFORE    \_\_\_AFTER

If you spay/neuter after adoption, what is your follow-up procedure to ensure the animal is sterilized?

Do you have a working relationship with a local veterinarian?    \_\_\_YES    \_\_\_NO

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

CATS

What is your vaccination protocol for Rabies/Distemper? At what age do you vaccinate?

DOGS

What is your vaccination protocol for Rabies/Distemper? At what age do you vaccinate?

What is your policy regarding cat declawing?

If we have last minute surgery appointments available what is the best e-mail to reach you?

How do you prefer to receive your invoices? (pick one)

(\_\_\_) E-Mail: \_\_\_\_\_

(\_\_\_) Snail Mail - Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PLEASE LIST ADDITIONAL PEOPLE FROM YOUR ORGANIZATION  
AUTHORIZED TO MAKE APPOINTMENTS AND FINANCIAL OBLIGATIONS  
TO OPERATION PETS ON BEHALF OF YOUR ORGANIZATION**

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

I hereby certify all answers on this application to be true to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**PLEASE MAIL COMPLETED FORM TO**

Linda Robinson, Executive Director  
Operation PETS  
3443 South Park Avenue - Lackawanna, NY 14219