

# ANIMAL RESCUE PET PLACEMENT APPLICATION



Upon completion please submit to: Brazos Animal Shelter  
Attn: Operations Director  
2207 Finfeather Rd.  
Bryan, TX 77801

Name of agency: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Agency Street Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Agency Representative(s) authorized to receive transferred animals:

1) Name \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## Please provide the following information regarding your Board Members:

President's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Please provide the following information about your organization.

How long has your organization been in existence? \_\_\_\_\_

What primary breed(s) of animal(s) does your organization rescue?

\_\_\_\_\_  
\_\_\_\_\_

What is the "Mission" of your organization? \_\_\_\_\_

\_\_\_\_\_

How many fosters homes do you utilize? \_\_\_\_\_

Has your organization had to remove a foster home? If so, why? \_\_\_\_\_

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Please provide a breakdown of the fees your organization charges (i.e. fee amount and service provided.)

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Please explain what your organization does with an animal once it is received from the Brazos Animal Shelter.

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How long is an animal held before the adoption process begins? \_\_\_\_\_

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What follow-up does your organization conduct with foster homes and what controls are in place to govern the activities of the foster homes? \_\_\_\_\_

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How does your organization limit the intake and dispersal of animals to foster homes? \_\_\_\_\_

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List all reasons why an animal might be euthanized by your organization \_\_\_\_\_

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**We require a reference from each the following:**

- 1. Veterinarian**
- 2. Animal Shelter/Humane Society with whom the agency has a working relationship with.**
- 3. At least one Rescue Organization with whom the agency has a working relationship with.**

**Veterinarian**

Name \_\_\_\_\_ Clinic \_\_\_\_\_  
Clinic's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**Animal Shelter/Humane Society**

Agency \_\_\_\_\_  
Contact person(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**Rescue Organization**

Agency \_\_\_\_\_  
Contact person(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

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