



**Santa Paula Animal Rescue Center**

**RESCUE PARTNER APPLICATION**

Group Name: \_\_\_\_\_ 501C3 ID# (attach copy) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Kennel Address (where animals are housed)**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total # of Runs Indoor: \_\_\_\_\_

Number of animals currently housed at this location: \_\_\_\_\_ foster homes: \_\_\_\_\_

If you use foster homes or other please complete all information on reverse side.

Do you have a kennel permit to house multiple animals at this location? Yes or No (circle one)

If yes, what agency, city or county issued the permit: \_\_\_\_\_

Permit number: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (attach copy of permit)

**Veterinarian Used for Animal Care**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**Name, Phone & Address of Persons Authorized to Adopt  
(must show valid picture ID at pickup)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Type of Animals Under Jurisdiction of Corporation:**

Species: \_\_\_\_\_ Breed(s): \_\_\_\_\_

I understand that an animal welfare official has the right to inspect and/or visit the Foster/Kennel location(s) unannounced at reasonable times. I certify that all information provided is true, complete, and correct. I will assure the humane treatment of all animals released to my designee or me and agree to remain in compliance with local and state laws as they pertain to code compliance and humane animal care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Control #: \_\_\_\_\_ Date Reviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reviewed By: \_\_\_\_\_

501 C3 received: \_\_\_\_\_ Reference Check Completed: \_\_\_\_\_

Property Inspection Completed: Yes or No (circle one) Results: \_\_\_\_\_