

RESCUE APPLICATION

Thank you for applying for approval to rescue animals from the Fulton County Animal Services. Please fill out the following form and attach a copy of your Georgia Department of Agriculture shelter license. If you are an out-of-state rescue, please attach the paperwork that your state requires to operate your rescue or shelter. Please note that incorrect information or failure to maintain minimum city, county or state requirements will result in the removal of the organization from consideration for future rescue animals.

Name of Rescue Organization, Humane Society or Shelter:		President of Organization:
Address of Organization:		Organization Website Address:
Primary Contact :	Cell Phone:	Email Address:
What type of animal does your organization accept? ___Dogs ___Cats ___ Rabbits ___ Other_____		
If you are a purebred rescue group, would you consider rescuing a close mix? ___Yes ___No		
Would you accept sick, aged or injured animals? ___Yes ___No		
Do you spay/neuter all animals before release to a new adoptive home? ___Yes ___No		
Please give as a reference the name and phone number of a veterinarian that you use:		
Under what circumstances would you euthanize a pet in your program?		
Would you euthanize an animal that develops a treatable illness, like an upper respiratory illness or mange? ___Y ___N		
If you take dogs into your program, do you treat heartworm positive dogs for heartworm disease? ___Yes ___No		
What is your adoption fee and what services do you provide for that fee?		
What is your return policy if an adopter wants to return a pet they have adopted from you?		
Please list the name and phone number of your local animal control agency:		
Attach the following: • Kennel License from the Georgia Department of Agriculture or other state requirements • Agency Transfer Authorization Document		
Fulton County Animal Services requires that all animals rescued from or transferred from the Fulton County Animal Services shelter must be spayed or neutered and micro chipped before release to a new adoptive home. By signing below, you are agreeing to spay/neuter all animals taken from the FCAS shelter prior to release, and you are confirming that the above and attached information is complete and accurate to the best of your knowledge.		
_____	_____	_____
Primary Contact Signature	Title	Date