



## Animal Rescue Pet Placement Application

Upon Completion, please mail to: Aggieland Humane Society  
Attn: Operation Supervisor  
PO Box 392  
Bryan, TX 77806  
5359 Leonard Road

Or submit in person to:  
Bryan, TX 77807

Name of Agency: \_\_\_\_\_

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

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

Phone: (    )    -                      Fax Number: (    )    -

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

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

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

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

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

Email: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

### Please provide the following information about your organization:

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

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

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

Approximately how many foster homes do you utilize? \_\_\_\_\_

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

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

Please explain what your organization does with an animal once it is received from the Aggieland Humane Society.

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

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

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

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

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

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

- 1) A 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): \_\_\_\_\_

Please explain how you believe our organizations would be beneficial to each other:

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