



Animal Rescue Transfer Partnership Request

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

Or submit in person to:
5359 Leonard Road
Bryan, TX 77807

Name of Agency: _____

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 animals does your organization rescue?

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 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? _____

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

h
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:
