

AFFILIATION WITH DALLAS ANIMAL SERVICES

ORGANIZATION’S CONTACT INFORMATION

This information is entered into our database, which can be accessed by members of the public through a Public Information Request.

Name of Organization: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Website: _____

Are you a 501(c)(3) Non-Profit organization?: Yes No

PLEASE SUBMIT COPIES OF CURRENT LICENSING AND PERMITS WITH THIS APPLICATION.

STATEMENT OF PROGRAM GOALS

Please state your goals for the number of animals you will attempt to transfer from DAS Monthly: _____

Why do you want to transfer animals from DAS? _____

ABOUT YOUR ORGANIZATION

Mission Statement: _____

List species and/or specific breeds (if applicable) you will pull from DAS: _____

Check any additional interests your group works with: All Dogs Dogs - Pregnant/Underaged
 Dogs - SM Breeds Dogs - MD to LG breeds Dogs- Behavior Dogs - Medical Cats - Kittens
 Cats – Behavior Cats - Medical Cats-Neonate/Bottle Babies Cats - Pregnant/Nursing
 Livestock (ALL) Livestock (Specific) Wildlife/Birds Other: _____

How does your organization obtain animals? Please check all that apply: Owner Surrenders
 Strays Transfers Other: _____

Animal intake previous year? _____ Number of adoptions previous year? _____

How many years has your organization been in operation? _____ Number of employees?: _____ Vols?: _____

What type of housing does your organization provide for the animals in your care? Please check all that apply:
 Foster Homes Brick and Mortar (Indoor Kennels) Brick and Mortar (Outdoor Kennels)
 Boarding Private Kennel/Cattery Trap-Neuter-Release (Cats Only) Other: _____

If housed at a kennel, boarding facility or cattery, provide the name and length of time they are typically kept at this facility: _____

If you have a facility, list facility capacity (not including foster homes): Dogs: _____ Cats: _____ Other: _____

If you have foster homes, please list number of fosters: _____ Which state(s) are they located: _____

If you transfer animals out of state, how do you plan on transporting these animals to your state? _____

LICENSE INFORMATION

Please submit a copy of all your organization's license(s)/permits - i.e. department of agriculture, 501(c)(3), business license, sec of state, etc.

State of incorporation, state of formation, or state of organization: _____ State(s) where operate: _____

Form of business entity (i.e. corporation, not for profit corporation, partnership, etc.): _____

Does your state require licensing information for the services you provide (animal shelter, animal rescue, etc.)? If so, please provide applicable licensing information:

License number: _____

State Agency: _____

PRIMARY CONTACT

We recommend this contact is the president or vice president of the organization. Please indicate the preferred method of contact with an *. This person will be authorized to tag and transport animals.

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Driver's License Number: _____ State where issued: _____

ADDITIONAL CONTACTS

Please note if the below is eligible to tag and/or transport animals.

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Authorized to Tag? Yes No

Authorized to Transport? Yes No

Driver's License Number: _____

State where issued: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Authorized to Tag? Yes No Authorized to Transport? Yes No

Driver's License Number: _____ State where issued: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Authorized to Tag? Yes No Authorized to Transport? Yes No

Driver's License Number: _____ State where issued: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Authorized to Tag? Yes No Authorized to Transport? Yes No

Driver's License Number: _____ State where issued: _____

REFERENCES

All references should have had a minimum of a 6-month partnership with organization to be considered a reference. References can also submit their responses below on their letterhead with information requested. Please note that DAS may request additional references depending on application.

Animal Shelter Reference - additional references can be submitted separately.

Shelter Name: _____ Name of Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Direct Contact E-mail: _____ Direct Phone: _____

Veterinary Reference - additional references can be submitted separately.

Practice Name: _____ Veterinarian Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Direct Contact E-mail: _____ Direct Phone: _____

Training/Boarding Reference - additional references can be submitted separately.

Name: _____ Name of Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Direct Contact E-mail: _____ Direct Phone: _____

I acknowledge that as a Rescue Affiliate with Dallas Animal Services, I may be removed or have privileges revoked if I, or any representative of my group, fall outside of the standards outlined in the following Code of Conduct:

- I will abide by all rules, policies, and procedures set by Dallas Animal Services as a Rescue Affiliate.
 - I acknowledge that I have read the Rescue Affiliate Handbook.
- I will treat each DAS manager, employee, volunteer, and members of the public served by DAS with respect and dignity.
- I will treat all animals I interact with or transfer into my organization with compassion and respect, I and will never intentionally cause them harm.
- I will not disrupt or interfere with the daily work of DAS managers or employees, or engage in confrontational, discourteous, or harassing behavior with any DAS manager or employee.
- I will not enter restricted areas of the facility unless I request permission and obtain it and am accompanied by a DAS manager or employee.
- If I am unsure of an answer, policy, procedure, or have a concern/complaint, I will alert and/or defer to the DAS Transfer Team, Shelter Manager(s), or assigned designee.
- I understand that some information I handle may be privileged, confidential, and exempt from disclosure under applicable law. I acknowledge that any dissemination, distribution or copying of this information for any purpose other than for what it is intended, is strictly prohibited.

I, as a representative of the rescue affiliate organization, attest that information in this document is true and accurate to the best of my knowledge. By signing below, I agree that I am authorized to speak on behalf of the applying application and all representatives.

Primary Contact Print Name Primary Contact Signature Date

Additional Contact Print Name Additional Contact Signature Date

Additional Contact Print Name Additional Contact Signature Date

Additional Contact Print Name Additional Contact Signature Date

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