



Terrebonne Parish Animal Shelter

Application to Rescue

P.O. Box 2768 Houma, LA 70361

(985) 873-6709

(985) 580-8150 fax

Organization Information:

Name of Organization: _____

Type of Organization (*Please check all that apply*)

____ Limited Intake

____ Open Intake

____ Purebred Rescue

____ All Breed Rescue

____ Independent Rescue

____ Other (specify): _____

Address _____ City _____ State _____ Zip _____

Website: _____

Please indicate the breeds/types of animals accepted:

Are there any breeds that are NOT accepted by your organization? ____ Yes ____ No

Do you accept mixed breeds?: ____ Yes ____ No

Is your organization non-profit 501c3? ____ Yes ____ No *If yes, supply Tax Exempt ID no.* _____

Are you affiliated with any National Breed/Breed Rescue Clubs? ____ Yes ____ No

If yes, please name: _____

National Headquarters: City _____ State _____ Phone: _____

Contact person: _____ E-Mail: _____

Organization Contacts

Director/President: _____

Phone: _____ E-mail: _____

Please indicate the preferred method of contact: ___ Phone ___ E-mail

Primary Animal Intake Contact Person: _____

Phone: _____ E-mail: _____

Please indicate the preferred method of contact: ___ Phone ___ E-mail

Secondary Intake Contact Person: _____

Phone: _____ E-mail: _____

Please indicate the preferred method of contact ___ Phone ___ E-mail

In the event of a medical emergency involving an animal that your organization has committed to rescuing, who should we contact?

(Please number in the order in which we should contact)

___ Director/President

___ Primary Animal Intake Contact

___ Secondary Animal Intake Contact

___ Other (please specify): _____

Organization Policies & Procedures

What housing do you provide for rescued animals? (Please check all that apply):

Foster Homes

Boarding Kennels

Rescue Facility/Shelter

If Rescue Facility/Shelter:

How many animals are currently housed in the facility? Dogs Cats Other

What is the maximum capacity (total no. of spaces)? Indoor Outdoor

What is the average sq. feet (approx) of floor space available per animal? dogs cats

Is your facility in compliance with all applicable federal, state, and local laws? Yes No

How many active volunteers does your organization have? Full-time Part-time

What is the average number of volunteer hours logged per week? _____

What is the average length of time that animals are with you before being adopted? _____

Does your organization enforce a time limit? Yes No *If yes, please specify* _____

Approximately how many animals can your organization accommodate at one time? _____

Does your organization breed any animals? Yes No

Does your organization show any animals? Yes No

Does your organization spay/neuter ALL animals prior to adoption? Yes No

If no, please specify your organization's adoption policies regarding spay/neuter:

Does your organization accept heartworm positive dogs? Yes No

If yes, please describe provisions that your organization makes towards treatment:

Are there behavioral problems that will not be accepted?: Yes No

If yes, please specify:

Adoption Policies & Procedures

What does your organization require of a prospective adopter? *(Please check all that apply)*

- Written Application
- Personal Interview
- Veterinary Reference Check
- Landlord Approval (when applicable)
- Home Ownership Verification (when applicable)
- Home Visit
- Mandatory Spay/Neuter Surgery
- Post-Adoption Follow Up
- Adoption Fee

What are your adoption fees? _____

What costs does this fee cover? _____

Does your organization require that animals be returned to you in the event of an unsuccessful adoption? Yes No

Approximately how many successful adoptions were completed last year?: _____

Please indicate other relevant information regarding your adoption practices:

Veterinary Partnership

Does your organization work with a specific veterinarian/clinic? Yes No

If yes, Veterinary Clinic Name: _____

Phone Number: _____

Treating Veterinarian: _____ May we contact this veterinarian?: Yes No

Please attach: Fax ALL to (985) 580-8150 or e-mail to rescue@tpcg.org

- Mission Statement
- 501c3 IRS Classification Document
- Adoption Application
- Adoption Contract (if applicable)

I hereby acknowledge that all of the above questions have been answered truthfully and to the best of my ability. I also acknowledge that I am authorized to sign on behalf of the named organization and have full knowledge of its internal policies and procedures.

Signature _____ Date _____