

BCAC Rescue Partner Application

*Note: Please complete the requested information below and **attach a copy of your organization's 501c3***

Rescue Partner Information			
Organization Name:		501c3 ID#	
Address (not a P.O. Box)		City:	State: Zip:
Phone: ()		Cell Phone: ()	
Fax: ()			
Email:		Website:	
Organization Representative:		Position Held:	
Approved Personnel to Remove Animals from BCAC (maximum 6)			
Name	Address	Phone	Email
1			
2			
3			
4			
5			
6			

Applications Are Subject To Approval By BCAC

I certify that all information provided is true, complete and correct. I will assure that humane treatment of all Animals released to me or my designee and agree to remain in compliance with local and state laws as they pertain to code compliance and humane animal care.

Officer of Organization

Date

For Office Use Only		
Date Received:	Date Reviewed:	Reviewed by:
501c3 received:		