



Operation PETS
 The Spay/Neuter Clinic of WNY Inc.
 Providing Education and Targeted Sterilization

RESCUE PARTNER PARTICIPATION APPLICATION

ORGANIZATION INFORMATION (please print)

Name:

Mailing Address:

City:

State:

Zip:

Phone:

E-Mail:

Website:

PRIMARY CONTACT INFORMATION (please print)

Name:

Title:

Address:

City:

State:

Zip:

Phone:

E-Mail:

TELL US ABOUT YOUR ORGANIZATION (please print)

Is your organization a 501(c)(3) not-for-profit? _____ YES _____ NO

If YES, please include copy of your IRS Determination Letter.

What type of work does your organization do? (rescue, rehabilitation, sanctuary, shelter, etc.)

Approximately how many animals will you bring us annually? _____ Cats
 _____ Feral Cats
 _____ Dogs

Where do your rescue animals come from? (check all that apply) Please include percentage.

(____) Erie County _____% from Erie County

(____) Western New York _____% from WNY

(____) Out-of-State _____% from Out-of-State

Do you spay/neuter before or after adoption? ___BEFORE ___AFTER

If you spay/neuter after adoption, what is your follow-up procedure to ensure the animal is sterilized?

Do you have a working relationship with a local veterinarian? ___YES ___NO

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

CATS

What is your vaccination protocol for Rabies/Distemper? At what age do you vaccinate?

DOGS

What is your vaccination protocol for Rabies/Distemper? At what age do you vaccinate?

What is your policy regarding cat declawing?

If we have last minute surgery appointments available what is the best e-mail to reach you?

How do you prefer to receive your invoices? (pick one)

(___) E-Mail: _____

(___) Snail Mail - Name: _____

Address: _____

City/State/Zip: _____

**PLEASE LIST ADDITIONAL PEOPLE FROM YOUR ORGANIZATION
AUTHORIZED TO MAKE APPOINTMENTS AND FINANCIAL OBLIGATIONS
TO OPERATION PETS ON BEHALF OF YOUR ORGANIZATION**

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

Name:

Title:

Address:

City/State/Zip:

Phone:

E-Mail:

I hereby certify all answers on this application to be true to the best of my knowledge.

(Applicant's Signature)

(Date)

PLEASE MAIL COMPLETED FORM TO

Linda Robinson, Executive Director
Operation PETS
3443 South Park Avenue - Lackawanna, NY 14219