



RESCUE & ADOPTION ORGANIZATION / SHELTER APPLICATION FORM

Date: _____

Organization Name: _____

Organization Mailing Address: _____

Organization Phone: _____ E-Mail: _____

Organization Website: _____

Primary Contact for Organization: _____

Primary Contact Title: _____

Primary Contact Mailing Address: _____

Primary Contact Phone: _____ E-mail: _____

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? _____

Will you be bringing us: Cats Dogs Both

Please list additional people from your organization authorized to make appointments and financial obligations to Operation PETS on behalf of your organization:

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Mailing Address: _____

Mailing Address: _____

PLEASE MAIL COMPLETED FORM TO:

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