



# Baltimore County Animal Services Rescue Partner Information Sheet

Thank you for taking the time to complete this form to help us best match animals in our care with one of our Rescue Partners. The information you provide to us in the following document will be used as reference information for the Rescue Program. Please send completed forms to: BCAS Rescue Coordinator, 13800 Manor Road, Baldwin MD, 21013, or email them to: [bcasrescue@baltimorecountymd.gov](mailto:bcasrescue@baltimorecountymd.gov)

## General Information

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Is your agency a registered 501(c)3?  No  Yes Tax ID Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Does your agency have a physical shelter location or is it foster based?  Shelter  Foster Based

Physical Address: \_\_\_\_\_

(if applicable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Would you like to receive emails regarding animals that are available for rescue?  No  Yes

Would you like for BCAS to share your information with potential adopters on in appreciation posts on our FB page when an animal is transferred?  No  Yes

## Contact Information

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Can Authorize Transporters?  Yes  No

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Can Authorize Transporters?  Yes  No

Third Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Can Authorize Transporters?  Yes  No

## Rescue Information

What species do you accept? (dogs, cats, reptiles, etc.) \_\_\_\_\_

If breed-specific, what breed(s) is accepted? \_\_\_\_\_

Are mixes of these breeds accepted? \_\_\_\_\_

If not breed-specific, are there any type of animal that you focus on? (i.e., small dogs, senior cats, etc.) \_\_\_\_\_

Are there any breeds you **cannot** accept?  No  Yes, list \_\_\_\_\_

Are you able to accept animals with medical conditions?  No  Yes

If yes, please specify what kinds of medical conditions you can accept:

Are there any medical conditions you **cannot** accept?  No  Yes, please list

Are you able to accept animals with behavioral problems?  No  Yes

If yes, please specify what behaviors you can accept or have experience with:

Are there any behaviors you **cannot** accept?  No  Yes, please list

Do you have any age limits on animals you will accept?  No  Yes, please explain

Does your agency have a veterinarian on staff?  Yes  No, please list the veterinarian(s) used

Please list two shelter or rescue references you have worked with in the past:

1. Shelter Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Shelter Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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