

Bastrop County Animal Shelter Rescue Partner Application

Your Organization's Name

Representative's Name

Street Address

Primary Phone

City, State, Zip Code

E-Mail

Website

Vet Name

Vet Street Address

Vet City, State, Zip Code

What are your rescue's Goals?

What types of animals do you rescue? _____

When did your organization start? _____

Are you a 501(c)3? ____ yes ____ no
(please attach documentation if yes)

