

Rescue Application

Contact Information

Contact Name & Title	
Rescue/ Organization Name	
Full Address	
Rescue Phone	
E-Mail Address	
Rescue Website	
Emergency Contact	
Year Established	

What does your Rescue handle?

Please select all that apply:

- Dogs Cats Exotics
 Farm Animals Breed Specific Small Rodents
 Geriatric / Senior List Breed: _____

What kind of rescue:

Check all that apply

- Foster-based rescue using only foster homes
 No-kill Rescue
 Sanctuary

Is your rescue a 501(C)(3) non-profit? *BHAH will only work with Rescues that can provide this form*

Yes If YES, please attach a copy with the application No

Person(s) to contact for Accounts Payable inquiries/ Account balance information?

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a client of Black Horse Animal Hospital, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal as a client. Payment is due at time of services and must be paid in full.

Name (printed)	
Signature	
Date	