

Forsyth County Animal Shelter
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 at Forsyth County Animal Shelter (FCAS).

General Information

Name of Organization _____ Date _____

If your agency is a registered 501(c)3, please provide your Tax-Exempt ID# _____

If your agency is a gov't agency, please check here _____

Physical Address _____

City _____ State _____ Zip _____

If Mailing Address is different, please provide full address here

Website _____ Email _____

Phone _____

Contact Information

Primary Contact _____ Title _____

Email _____ Phone _____

Can authorize transports? _____ Yes _____ No

Secondary Contact _____ Title _____

Email _____ Phone _____

Can authorize transports? _____ Yes _____ No

Third Contact _____ Title _____

Email _____ Phone _____

Can authorize transports? _____ Yes _____ No

Please add any other persons that you would like added to our correspondence list or any additional comments

Rescue Information

What species do you accept? (Dogs, Cats, Reptiles, Rabbits, Etc)

If Breed specific, what breed(s) is accepted?_____

If not Breed specific, are there any types of breed or size or age that you focus on?

Are there any breeds that you **cannot** accept? If so, please list here

Are you able to accept animals with medical conditions, please specify what kinds of conditions you can accept

If you are able to accept animals with any behavioral problems, please list behaviors you can accept or have experience with

Can you accept animals that are not already spayed/neutered? _____Yes _____No
(All animals will be up to date on core vaccines and can be tested for HW/FeLV/FIV/Parvo)

Can you accept dogs that test HW+? _____Yes _____No

Any other conditions of acceptance of animals?

Please provide two veterinarian references contact information including phone number/email. Please contact these veterinarians to allow release of information to us as a vet check.

1. _____

2. _____

If out of the state of NC, please provide two references (from your state) from other shelters you pull from:

1. _____

2. _____

**Please return this form to:
FCAS Rescue Coordinator
5570 Sturmer Park Circle
Winston-Salem, NC 27105
rescue@forsyth.ccP**