



San Luis Obispo County
 Animal Services Division
 PO Box 4110
 885 Oklahoma Ave
 San Luis Obispo, CA 93406
 (805)781-4400 / fax 781-1065



Animal Rescue Partner Registration

Rescue Organization Information	<p>Organization Name _____</p> <p>Address _____</p> <p>City _____ County _____ State _____</p> <p>Zip _____ Phone _____</p> <p>501(c)3 Number _____ President / Director / Operator _____</p>								
Operational Information	<p>Type of Animals Rescued (check all that apply)</p> <p><input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Breed Specific _____ <input type="checkbox"/> Rabbits <input type="checkbox"/> Pocket Pets</p> <p><input type="checkbox"/> Exotics/Reptiles <input type="checkbox"/> Horses <input type="checkbox"/> Livestock <input type="checkbox"/> Other _____</p> <p>Animal Housing Facilities Utilized (check all that apply)</p> <p><input type="checkbox"/> Animal Shelter <input type="checkbox"/> Boarding Kennel</p> <p><input type="checkbox"/> Private Homes <input type="checkbox"/> Other _____</p>								
Officers or Individuals Authorized to rescue on Organization's behalf	<table> <tr> <td>Name _____</td> <td>Name _____</td> </tr> <tr> <td>Title _____</td> <td>Title _____</td> </tr> <tr> <td>Name _____</td> <td>Name _____</td> </tr> <tr> <td>Title _____</td> <td>Title _____</td> </tr> </table>	Name _____	Name _____	Title _____	Title _____	Name _____	Name _____	Title _____	Title _____
Name _____	Name _____								
Title _____	Title _____								
Name _____	Name _____								
Title _____	Title _____								

I hereby attest, under penalty of perjury, that the organizations and/or persons named above have not been, and are not currently subject to, prosecution for violation of any local, state, or federal code pertaining to the care or management of animals, nor any code pertaining to the operation of an animal related business. Furthermore, I attest that the Rescue Organization is a non-profit operation and the IRS 501(c)3 number listed is current and in good standing.

_____/_____
 Signature (facsimile to be accepted as original) / Date Title

 Print Name

_____ Approved By	_____ Date
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