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Dave McDowell  
Director, Department of Public Safety  
April Coleman  
Deputy Director of Animal Services



CALVERT COUNTY, MARYLAND  
www.calvertcountyanimalshelter.com

**Rescue Partner Application**



*Board of Commissioners*  
Mark C. Cox Sr.  
Catherine M. Grasso  
Earl F. Hance  
Mike Hart  
Todd Ireland

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please check which description best fits your organization:

- Government Agency
- Private Organization
- Private Org. With Government Contract
- Rescue Group
- Breed Specific Rescue
- Sanctuary
- Other \_\_\_\_\_

Is your organization a registered 501c non-profit? YES NO Tax-exempt ID# \_\_\_\_\_

Number of Years in Operation: \_\_\_\_\_ Annual animal Intake: \_\_\_\_\_

Annual number of Adoptions: \_\_\_\_\_ Number of Foster Homes: \_\_\_\_\_

Animals Accepted:

- Dogs
- Cats
- Rabbits
- Small Animals (hamsters, gerbils, ferrets, etc.)
- Birds
- Reptiles
- Pigs
- Equine (horses, mules, donkeys, etc.)
- Cattle
- Chickens
- Goats
- Other \_\_\_\_\_

Will your organization consider taking animals with medical conditions? YES NO

➤ IF YES, upon what grounds is a determination of acceptability made?

\_\_\_\_\_

Will your organization consider taking animals with behavior problems? YES NO

➤ IF YES, upon what grounds is a determination of acceptability made?

\_\_\_\_\_

Are senior animals accepted? YES NO

Please explain any restrictions: \_\_\_\_\_

Contact Information:

**By completing this form, you are authorizing the individuals below to act on behalf of your organization under the Linda L. Kelley Animal Shelter Rescue Partner Policies.**

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

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Alternate Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Alternate Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

References:

**Please include the veterinary clinic and veterinarian associated with your organization and two (2) other references.**

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Email: \_\_\_\_\_

#1 Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that the information given is complete and accurate to the best of my knowledge. I give permission to The Linda L. Kelley Animal Shelter to contact my references. I understand this application does not guarantee acceptance into the Linda L. Kelley Animal Shelter's Rescue Partner program. I certify that I am authorized to sign this Application on behalf of the aforementioned organization.**

Signature \_\_\_\_\_ Date \_\_\_\_\_