



RESCUE GROUP APPLICATION

Send to: PO Box 653, Jefferson City, TN 37760

Name of Rescue Group: _____

Type of Animal Your Group is interested in rescuing: _____

Mailing Address of Group: _____

Name of Main Contact Person: _____

Phone Number: Home: _____ Work: _____

E-Mail Address: _____

Please list the persons who are authorized to rescue from the Animal Shelter on behalf of your group:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you have a website? Yes No URL: _____

May we list your web site on our links page? Yes No

Please list any limitations for rescue or any other information you think might be helpful (example; no senior dogs). _____

Please return this application and documentation listed in the " Guidelines for Rescue Groups" to:
Rescue Program, The Humane Society of Jefferson County, P.O. Box 653, Jefferson City, TN 37760