|  |  |
| --- | --- |
| Good logo.jpg | **Rescue Partner Information** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Rescue Name: | |  | | | | |
|  | |  | |  | |  |
| **Contact Information** | | | | | | |
| Please list 5 contact people authorized to make medical and financial decisions for the rescue. | | | | | | |
|  | Name | | Phone | | Email | |
| Primary Contact |  | |  | |  | |
| Contact 2 |  | |  | |  | |
| Contact 3 |  | |  | |  | |
| Contact 4 |  | |  | |  | |
| Contact 5 |  | |  | |  | |
|  |  | |  | |  | |

**Credit Card Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Credit Card Type | Mastercard | Visa | | Discover | | Amex |
| Credit Card Number |  | | | | | |
| 3 Digit Card Code |  | | Card Expiration Date | |  | |
| Billing Address & Zip |  | | | | | |

**Authorization**

|  |  |
| --- | --- |
| I authorize Mazie’s Mission to charge the above credit card for services requested. | |
| Signature of Card Holder |  |
| Printed Name |  |

**Note:**

**Mazie’s Mission services are STRICTLY for rescue groups and municipal shelters ONLY.**

**We do not perform services on privately owned pets.**

|  |  |
| --- | --- |
| Good logo.jpg | **Rescue Partner Information** |

|  |  |
| --- | --- |
| Rescue Name: |  |

Please answer the following questions to help us serve you better:

1. How many animals do you average in your program at any one time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where do you take your foster pets for off-site adoptions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many adoption events do you hold a month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you a 501©3 organization? YES NO If yes, please attach with your application. If no, do you plan on filing? YES NO If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you personally administer vaccinations to the pets in your program? YES NO If yes, which ones and where do you purchase them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How many foster families do you average at any one time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What are the minimal required procedures to be performed on your pets in order to be considered adoptable (i.e. altered, Bordetella, negative fecal, microchip, etc)? \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are your pets on heartworm and/or flea prevention? Which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your protocol for dogs who are heartworm positive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you prefer that Rabies tags/certificates, records and microchip information go home with each foster or that they are left at the clinic for weekly pick up from one of your representatives? FOSTER WEEKLY PICK UP
4. Are individual fosters allowed to make appointments? YES NO If no, who is authorized to make appointments? (Please list by name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How many animals are allowed in a foster home at any given time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial the following to state you understand the policies of Mazie’s Mission:**

* Please be aware that your credit card will be charged EACH DAY there are services rendered at our clinic. We DO NOT hold invoices for any reason. \_\_\_\_\_
* There will be a $40 charge to your account after the 2nd No show/No cancellation. There is also an automatic $40 Surgery No Show Fee if cancellation is not given at least 24 hours before scheduled surgery. \_\_\_\_\_
* It is possible that your pets (our patients) will be featured on our social media accounts. It will be your responsibility to discuss any objections with a Mazie’s staff member. \_\_\_\_\_
* ALL medical records MUST be provided. Records can be emailed to [vet-care@maziesmission.org](mailto:vet-care@maziesmission.org). If records are brought to the appointment, you MUST arrive 15 minutes early to allow for review. Proper care cannot be given to the pet if we are unaware of any treatment or medications the pet has been given. \_\_\_\_\_
* Clinic services and products are for rescue and shelter pets ONLY. Privately owned pets are NOT treated at the clinic. If a privately owned pet is presented for treatment by ANYONE representing the rescue group (fosters included), the partnership will be TERMINATED immediately. \_\_\_\_\_