



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.**



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)? _____

- 8) Are your pets on heartworm and/or flea prevention? Which ones? _____
- 9) What is your protocol for dogs who are heartworm positive? _____
- 10) 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
- 11) Are individual fosters allowed to make appointments? YES NO If no, who is authorized to make appointments? (Please list by name) _____
- 12) 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 \$25 charge to your account after the 2nd No show/No cancellation. _____
- ✓ Pick up is NO LATER than 5:00! Overnight boarding will be charged if an animal is not picked up by 5:00. _____
- ✓ ALL medical records MUST be provided. They can either be emailed to [vet-care@maziesmission.org](mailto:veter-care@maziesmission.org), faxed to 800-607-2901 or brought to the appointment. 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. _____