



949 Bell Road, Minooka, Illinois 60447

888-526-WAGS

rescuepartner@wags2wellness.com

## RESCUE PARTNER APPLICATION

**IMPORTANT:** A copy of your 501(c)(3) determination letter must be attached at the time of submission. Applications submitted without required documentation will not be processed.

### Organization Information

Rescue Name (as registered):

DBA (if applicable):

EIN:

501(c)(3) Status (Yes/No):

Year Established:

Website / Social Media:

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### Primary Contact Information

Name:

Title/Role:

Phone Number:

Email Address:

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### Secondary Contact (Optional)

Name:

Phone:

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Email:

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## Operations Overview

Average number of animals in care monthly:

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Average monthly intake:

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Species (Dogs/Cats/Other):

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Do you currently utilize a veterinarian? (Yes/No):

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If yes, Clinic Name:

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Reason for seeking additional veterinary services:

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## Services Requested

Spay/Neuter:

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Vaccines:

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Microchips:

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Dentals:

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Sick/Basic Care:

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Other:

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## Scheduling & Volume

Estimated number of animals needing services monthly:

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Preferred scheduling frequency:

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## Compliance Acknowledgment (Initial Each)

All animals presented will be owned by the rescue organization:

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No use of rescue pricing for privately owned animals:

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Agreement to follow all policies and procedures:

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Understanding that violations may result in termination:

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## Required Documentation

501(c)(3) Determination Letter (REQUIRED):

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EIN Confirmation:

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Rescue License (if applicable):

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**Signature**

Name:

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Signature:

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Date:

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