



2141 Ten-Ten Road, Apex, NC 27539
Office Phone: (919)-249-6601

Rescue Partner Information Form

Rescue Name: _____

Date: _____

CONTACT INFORMATION

Please list all contacts, in order beginning with your primary contact, that will be authorized to make medical and financial decisions for the rescue.

Contact Order	First Name	Last Name	Phone Number	Email
Primary				
2				
3				
4				
5				

CREDIT CARD INFORMATION

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

AUTHORIZATION

I authorize Harmony Animal Rescue Clinic to charge the above credit card for services requested and performed.

Signature of Card Holder _____ Printed Name _____

NOTE: Harmony Animal Rescue Clinic's services are **STRICTLY** for 501©3 non-profit rescue groups and municipal shelters **ONLY**. We do not perform services on privately owned pets.



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

1. Are you a 501©3 organization? Circle one. YES NO
 - a. If yes, please attach your application.
 - b. If no, do you plan on filing? Circle one. YES NO
 - i. If no, why? _____
2. How many animals do you average in your program at any one time? _____
3. Where do you take your foster pets for off-site adoptions? _____
4. How many adoption events do you hold a month? _____
5. Do you personally administer vaccinations to the pets in your program? YES NO
 - a. If yes, which ones? 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? Circle one. FOSTER WEEKLY PICK UP
11. Are individual fosters allowed to make appointments? Circle one. YES NO
 - a. 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? _____
13. Would you be interested in partnering for community events and fundraising as well? Circle one. YES NO

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Please initial the following to state you understand the policies of Harmony Animal Rescue Clinic:

- ✓ 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. _____
- ✓ ALL medical records MUST be provided. Records can be emailed to info@harcnc.org 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. _____

Please leave any suggestions, comments, questions, or concerns below.

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