

**NICK CULLEN
DIRECTOR**



3951 Fruitvale Avenue
Bakersfield, CA 93308
(661) 868-7100

RESCUE PARTNERSHIP APPLICATION

CORPORATE INFORMATION		
Group Name:		
501(C)3 ID #		<i>(attach copy if not already submitted)</i>
Mailing Address:		
City:	State:	Zip:
Telephone #	Fax #	
Primary Contact Person (Name and Title):		
E-Mail Address:		
Website Address:		
VETERINARIAN INFORMATION (used by Group for animal care)		
Name:	Clinic:	
Address:	City:	Zip:
Telephone #:	Fax #:	
NAMES AND TITLES, ADDRESSES, AND PHONE # OF PERSONS AUTHORIZED TO RESCUE <i>(Each Rescuer will be required to show valid photo ID)</i>		
1.		
2.		
3.		
4.		
5.		
6.		
TYPE OF ANIMALS UNDER JURISDICTION OF CORPORATION		
Species:	Breed(s):	
Species:	Breed(s):	
Species:	Breed(s):	

Address where rescued animals will be housed, if different from above:

Address City State Zip

Number of animals currently housed at this location: _____

Number of animals currently housed in foster care: _____

Do you have a Conditional Use Permit to house multiple animals at your residence?

YES NO CUP # _____ Issuing Agency _____

If your organization utilizes foster care providers within Kern County, please provide contact information for each on the attached spreadsheet.

Please indicate what governing animal control agency that your organization falls under?

I certify that I am a corporate officer of the above-named Non-Profit and that I am authorized to act on its behalf. I certify that all information provided is true, complete, and correct. On behalf of the Non-profit listed above, I will assure the humane treatment of all animals released to me or the designee(s) listed above and agree that the Non-Profit listed above, myself, and all designees shall remain in compliance with local and state laws as they pertain to code compliance and humane animal care.

Signature of Authorized Corporate Officer Date

For Office Use Only

Date Received _____

Date Reviewed _____

Reviewed By: _____

Property Inspection Completed By: _____ Results _____
