

**Burke County Animal Control**  
**Rescue Group/Organization Application**

**Rescue Name:** \_\_\_\_\_

**Rescue Type:**           **Facility-Based**

**Foster-Based**

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Primary Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

.....

**Please list the name, number and address of those authorized to pull animals for your rescue or organization. For an animal to be released into custody, individuals must have official identification and be on the pull list for your rescue or organization.**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Please list any breed restrictions on what your rescue or organization will accept:**  
\_\_\_\_\_

**Please list any specialties your rescue or organization may have expertise in (i.e. breeds, aggression, feral rehabilitation, etc) and detail your credentials and experience:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit a digital copy of your 501(c)3 documentation and three (3) references, one of which must be from the rescue or organization's licensed NC veterinarian with preference also for references from other County Animal Shelters. By policy, we can only accept rescues and organizations who are 501(c)3's in good standing.**