



Putnam County Planning & Development Services  
Animal Control Division

**Rescue Group Application**

Group Name:	
Address where animals will be located:	
Mailing Address (if different) :	
Phone 1	Phone 2
e-mail :	Fax #:
Contact person :	Website (if applicable)
Type of animal interested in:	
How long has rescue group been in operation	
Approximate # of rescues per year	
Have you ever returned a rescue animal to an animal services shelter?	
Do you have specialized training?	
Which shelters have you rescued from in the past?	
Where do you intend to place the rescue animals? Shelters, Foster homes., adoptions?	
Approximately how many animals have you rescued in the past?	

**Attachments required**

1. Reference letter from Veterinarian
2. Copy of 501c3 (Non-profit organization if applicable)
3. Copy of Drivers license

**By signing this application to participate as an authorized rescue group with the Putnam County Animal Control division, you agree to the following terms:**

1. All rescued animals will receive proper vaccinations and be spayed or neutered
2. The manager of the rescue organization agrees to submit to a background check.
3. Allow onsite inspections and provide information on rescued animals as required.

\_\_\_\_\_  
Rescue applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Identification #: