



RESCUE APPLICATION

29th and Poplar Streets • P.O. Box 392 • Parkersburg, WV 26102
(304) 422-5541 • Fax (304) 485-4261 • www.hsop.org

- **HSOP requires the below information from your organization in order for any animals to be transferred to your organizations custody.**
- **All animals must be Spayed/Neutered if age appropriate before transferred unless previously arranged with HSOP.**
- **Completed forms may be returned to us via Fax, email (rescues@hsop.org) or regular mail.**
- **Please include a copy of the Adoption Form your organization uses.**

1. Organization Information (please print)

Organization Name: _____ Contact Person: _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____ Fax: _____
Website Address: _____ Email Address: _____

2. Rescue References: Please list 2 animal welfare agencies your organization has worked with.

Organization Name: _____
Contact Person: _____ Phone: _____
Organization Name: _____
Contact Person: _____ Phone: _____

3. Questionnaire:

- Name of Veterinarian/Veterinarians your organization works with: _____
- Veterinarian's Phone Number: _____
- Is your rescue a 501 C3 Nonprofit Organization? _____
- How long has your organization been involved in Animal Welfare: _____
- What vetting do you provide for the animals in your care? _____
- Do you require the animals to be spayed or neutered before placement in a new home: _____
- Would you prefer to have them spayed/neutered before transport? _____
- Where will the animals be housed until you can find them a home? _____
- Will this location be indoors or outdoors? _____
- Do you have a time limit? _____ If yes how long? _____
- What is your Euthanasia Policy? _____
- What is the amount of your adoption fee? _____
- What is your adoption process? _____

- What happens if an animal is returned to your organization? _____

•

I hereby attest that the above statements are true and permission is given to have this information verified.

Applicants Signature: _____ Date: _____