



**CITY OF EL PASO**  
**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
**ANIMAL SERVICES**  
 5001 Fred Wilson Dr. El Paso, Texas 79906  
 Ph. (915) 212-7297 Fax (915) 212-0324



**Application: Rescue Partner Permit**

Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Owner/President Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**Authorized Personnel to obtain Animals:**

Name	Phone

Are you a 501C3 Tax Exempt Organization: Yes ( ) No ( )

If the organization is not a tax exempt non-profit corporation, please provide a description of the organizational structure in the space below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of services provided?(Check all that apply)

Medical Care\_\_ Foster Program\_\_ Adoptions\_\_ Lifetime Care\_\_ Transfer to other agencies\_\_

Rescued animals per year\_\_\_\_\_

Animal List

Type of Animal (Dogs, Cats, Livestock, Fowl, Rabbits)	Number kept per week

Attached Documentation Checklist:

- Recommendation letter from a veterinarian
- Recommendation letter from an approved local rescue group 501(C)3
- Documentation

Behavior Program

Type of behavior programs provide? (Check all that apply)

Housebreaking\_\_ Litter box\_\_ Leash Training\_\_

Excessive Barking\_\_ Fearfulness\_\_ Lack of early socialization\_\_ Separation anxiety\_\_

Phobias\_\_

- \_\_\_\_ (Initial) I will ensure that each animal will receive the appropriate levels and types of exercise, environment enrichment, human interaction, socialization, and training.

Medical Program

Veterinarian Name	Specialty

- \_\_\_\_ (Initial) I will provide the following routine veterinary care for all animals received: 1) Rabies vaccines 2) Age appropriate vaccines 3) Parvo Vaccines 4) Distemperment Vaccines
- \_\_\_\_ (Initial) I will neuter/spay all animals prior to placement

Foster Program

Number of active foster homes \_\_\_\_\_ Maximum number of animals per foster home \_\_\_\_\_  
Do you provide foster home inspections? Yes \_\_\_\_\_ No \_\_\_\_\_

Attached Documentation Checklist:

Foster Application and Foster Contract (REQUIRED)  
Screening process  
Inspection Process  
Training Program (including ARDC procedures)  
Record Keeping Method

Adoption Program

Attached Documentation Checklist:

Adoption Contract (REQUIRED)  
Adoption Process: How you evaluate animals and applicants, and how you match animals with applicants.  
Promotion Process: Describe how you promote your animals. Describe all relationships with retailers (e.g. Petsmart), when and how do adopters interact with your animals.  
Screening Process: Include a description of your screening process, policy on home visits, counseling provided to adopter, and transfer of ownership procedures, and whether you accept returns. If you do not accept 100% of your animals back on a failed adoption, please describe under what circumstances you do not accept a return.  
Follow-up program. Include how often you follow up with adopters and how long you follow up with adopters. Do you provide any post-adoption support?  
Adoption application (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Representative