



Animal Rescue Application Form

Address and Contact Information

Owner/ Operator Name: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____

Business Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Designated Representatives taking possession of the animal: _____

Note: Animals will not be released to any person not listed as a designated person for the rescue

By signing below, I affirm that I have received a copy of the Plainview Animal Management procedures policy regarding rescues and agree to abide by this policy.

Signature: _____ Date: _____

Printed Name: _____