

Bartow County Humane Society  
50 Ladd's Mountain Road, Cartersville, GA 30120  
Phone: 770-383-3338 Fax: (678) 721-6953  
[www.bartowhumane.org](http://www.bartowhumane.org) [info@bartowhumane.org](mailto:info@bartowhumane.org)

Thank you for applying for approval to rescue animals from the Bartow County Humane Society. Please fill out the following form and attach a copy of your Georgia Department of Agriculture shelter license if you are located in Georgia. If you are an out of state rescue, please attach the paperwork that your state requires to operate your rescue or shelter. Please note that incorrect information or failure to maintain minimum city, county or state requirements will result in the removal of the organization from consideration for future rescue animals.

Name of rescue organization, humane society or animal shelter: \_\_\_\_\_  
How long has your organization existed? \_\_\_\_\_  
Primary authorized contact person: \_\_\_\_\_  
Title of primary contact: \_\_\_\_\_  
Address for correspondence to primary contact: \_\_\_\_\_  
Primary contact home telephone: \_\_\_\_\_ Work or cell phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Attach the following information:

- License from the Georgia Department of Agriculture or other state requirements  
 List of agents authorized to pickup animals from our shelter

What type of animal does your organization accept? Dogs or cats or both? If you are a purebred rescue would you consider rescuing a close mix? Would you accept sick or injured animals?

\_\_\_\_\_

Do you spay/neuter all animals before release to a new adoptive home? If not, what animals do you release unsterilized?

\_\_\_\_\_

Do you perform pediatric or early age spay/neuters on puppies or kittens? If so, at what age do you perform the surgery and what is the name and phone number of the veterinarian that you use to perform the surgery?

\_\_\_\_\_

Under what circumstances would you euthanize a pet in your program? Would you euthanize an animal that develops an upper respiratory illness or mange?

\_\_\_\_\_

Do you agree to notify BCHS prior to euthanasia of any animal you rescue from the BCHS shelter?

\_\_\_\_\_

If you take dogs into your program, do you treat heartworm positive dogs for heartworm disease?

\_\_\_\_\_

What is your adoption fee and what services do you provide for that fee?

\_\_\_\_\_

What is your return policy if an adopter wants to return a pet they have adopted from you? What about a pet they've had for several years?

\_\_\_\_\_

Please list the name and phone number of your local animal control agency:

\_\_\_\_\_

Please give as a reference the name and phone number of a veterinarian that you use:

\_\_\_\_\_

Bartow County Humane Society requires that all animals rescued from or transferred from the BCHS shelter must be spayed or neutered before release to a new adoptive home. By signing below, you are agreeing to spay/neuter all animals taken from the BCHS shelter prior to release and you are confirming that the above and attached information is complete and accurate to the best of your knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of primary contact person Title Date

BCHS use only:

Approved  Rejected \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
BCHS signature Date

# Authorized Agents List

Please list all persons authorized to pick up animals for your organization.

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_