

**City of Mission Animal Shelter**  
2801 N. Holland, Mission, TX 78574  
Office: 956-580-8741  
Fax: 956-580-8782

**Placement agreement between City of Mission Animal Shelter  
and \_\_\_\_\_ ("Rescue Organization")**

**General Information**

Name of Organization: \_\_\_\_\_

Species: \_\_\_\_\_ Breed preference: \_\_\_\_\_ Age restrictions (if any): \_\_\_\_\_

Website information: \_\_\_\_\_

Geographic region covered: \_\_\_\_\_

Physical address: \_\_\_\_\_

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

Mailing address (if different from physical): \_\_\_\_\_

City.. \_\_\_\_\_ State: \_\_\_\_\_ Zip.. \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: Phone Email

List of approved animal transporters: *(This list may be amended by your organization's contact person. The request must be submitted, by your listed contact, on official organizational letterhead)*

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

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

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

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

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

Type of Organization (Only check the box that applies to your organization)

Non-Profit - Please *attach a copy of your 501(c)(3)*

Private Organization - Please *attach a copy of your organization by-laws or charter*

Sponsorship (i.e., local breed club, national breed club): \_\_\_\_\_

Length of time your organization has been placing animals: \_\_\_\_\_

Type(s) of housing provided to rescued animals (check all that apply)

Kennel - Number of kennels: \_\_\_\_\_  Foster  Boarding facility

Other: \_\_\_\_\_

Type(s) of service you provide:

Placement in permanent homes

Transfers - Please *attach a description of your transfer program*

Lifetime care

Are all of your adopted animals spay or neutered prior to adoption?

Yes

No - Please describe what measures you take to ensure animals are spay or neutered after adoption: \_\_\_\_\_

Please list your other sources for animals (Groups, shelters or general public)

\_\_\_\_\_  
\_\_\_\_\_

Please provide the name, address and phone number of two references for your organization (One Veterinarian and one adopter, sponsor or humane organization)

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

Physical address: \_\_\_\_\_

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

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

Physical address: \_\_\_\_\_

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

## Adoption Program

Please list the resources your organization uses to facilitate adoptions: *(on site kennel adoptions, website, adoption events, pet stores)* \_\_\_\_\_

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## Foster Program

How many active foster homes does your organization currently have? \_\_\_\_\_  
**Estimate only. Actual number of animals transferred/placed annually will allow for an increase or decrease in the number of available foster homes.**

The maximum number of dogs your organization allows in each foster home: \_\_\_\_\_

Do you inspect your foster homes?  No  Yes - How frequently? \_\_\_\_\_

Do you train your fosters?  No  Yes - Describe briefly.- \_\_\_\_\_

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## Behavioral Program

Is your organization willing to receive animals that have been deemed unadoptable due to behavior?  Yes  No

**If no continue to the Medical Program portion of the application**

Does your organization have any staff trained in animal behavior modification?  Yes  No

What behavior(s) is/are your staff qualified to modify? *(Check all that apply)*

- Resource guarding     Dog aggression     Extreme aggression     Fear biting  
 Separation anxiety     Housebreaking     Excessive barking     Feral taming  
 Other \_\_\_\_\_

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