



RESCUE ALLIANCE PARTNER APPLICATION

City of San Marcos Regional Animal Shelter

Thank you for expressing interest in becoming a Rescue Alliance Partner with the City of San Marcos Regional Animal Shelter. By partnering with the San Marcos Regional Animal Shelter as an official Rescue Alliance Partner, we will provide a vital lifesaving network for countless animal lives throughout Hays County. We look forward to working alongside you!

Please complete the following application to become an approved Rescue Alliance Partner. Afterward, please submit your finished application to the San Marcos Regional Animal Shelter Rescue team at rescues@sanmarcostx.gov. Please allow our team up to 3 business days to process your request. Should our Rescue team have any questions, or require additional documentation, someone from the San Marcos Regional Animal Shelter will reach out to your stated representative.

Rescue Organization Name

Date

Organization Address (Street & City)

State

Zip

Organization Website

Representative/Preparer Name

Organization Phone Number

Organization Email

1. Please submit a copy of your 501©3 documentation with your completed Rescue Alliance Partner Application.
2. Are animals kept in a boarding or kenneling environment? _____
3. What is your organization's mission statement? _____

4. Please provide a working link to your Organization's adoption application: _____

Alternatively, you may submit a copy of your organization's adoption application with your completed Rescue Alliance Partner Application.

5. Please provide the names and positions of your Organization's Board Members:

1.	_____	_____
	Name	Position
2.	_____	_____
	Name	Position
3.	_____	_____
	Name	Position
4.	_____	_____
	Name	Position
5.	_____	_____
	Name	Position

6. Please provide the names and reference information for 2 veterinary practices that provide services for but are not associated with your Organization. Preferably, these references should be local for your organization. Should you wish to provide more than 2, please submit them along with your completed application.

1.	_____	_____	_____
	Veterinarian Name	Practice Name	City
2.	_____	_____	_____
	Veterinarian Name	Practice Name	City

7. Please provide the names and reference information for 2 animal shelters that your Organization has established a working relationship with. Should you wish to provide more than 2, please submit them along with your completed application.

1.	_____	_____
	Animal Shelter Name	City
	_____	_____
	[Optional] Shelter Representative Name	[Optional] Shelter Representative Email Address
2.	_____	_____
	Animal Shelter Name	City
	_____	_____
	[Optional] Shelter Representative Name	[Optional] Shelter Representative Email Address

Thank You

Thank you for submitting your Rescue Application! Please allow up to 3 business days for our team to process your application and to respond to your inquiry. Should our team have additional questions or requests, we will reach out directly to your indicated representative.

We review all applications holistically, ensuring that each Rescue Alliance Partner receives a personalized review.

Ideally, all potential Rescue Alliance Partners should complete a short 10 to 15-minute phone interview with a representative from our team. This interview will help us to review your organization's adoption and wellness policies. This is also your opportunity to speak with a member of our team, to ask questions about our programs and procedures, and to become familiar with the SMRAS rescue process.

Should you have any questions, or would like to add documentation after your application has been submitted, please contact:

rescues@sanmarcostx.gov

