RESCUE APPLICATION

How to become a partner

1. Complete the attached Rescue Partner Agreement Application.

2. Provide a copy of 501©3

3. Please allow 3-5 business days for our team to review your application. You will receive an email notification once a decision has been made.

Should you have any questions, please do not hesitate to email us at info@chewac.org.

CHEW Animal Clinic 8484 Walnut Hill, Dallas, TX 75231
P: 972-946-1011
Email: info@chewac.org

Rescue Partner Agreement Application

Please tell us about your organization:

Is your organization a 501©3? ____ If yes, please attached a copy.

Organization Name: _____

Website of Organization: _____

On average, how many dogs/cats do you rescue a year? _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ (if different from above)

State: _____ Zip: _____

ONE EMAIL FOR MEDICAL RECORDS/INVOICES : _____

The following individuals are approved to send authorization for services: Primary Contact

Name: _____ Cell: _____ Secondary

Contact Name: _____Cell: _____ Additional

Contact: _____Cell: _____

Any special instructions for **ALL** foster pets in your care? (i.e "Scan all pets prior to microchip implant", hold rabies tags for weekly pickup")

_____

_____

_____

CHEW Animal Clinic 8484 Walnut Hill, Dallas, TX 75231
P: 469-620-2828
Email: book@chewac.org

Payment Information

Card holder name: _____ Card number: _____

Expiration date: _____ CVC: _____ Type: _____

Billing address/City/Zip: _____

I, _____, I am an authorized user of the credit card listed above and give CHEW permission to charge for services rendered

Printed:_____Signature:_____

PLEASE READ AND INITIAL

I understand my credit card listed on this agreement will be charged in full for all services rendered: ____
I understand I will be charged a $35 “no show” fee for all missed appointments _____ I understand I will be charged a $50 “no show” fee for all missed surgeries _____ I understand medical records must be email to book@chewac.org prior to each appointment ____ if records are brought in the day of appointment, please arrive 15 minutes early_____

Terms of Agreement

I hereby certify the information above is complete and accurate. I understand that my credit card will be charged for services rendered, **no exceptions**. I agree that I am responsible to pay for all charges that are incurred for the rescue name listen above. I understand that if I do not abide by this contract, it will be **terminated immediately**.

Printed name: _____

Signature: _____ Date: _____

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