



Upson County Animal Control
2371 Yatesville Hwy.
Thomaston, GA 30286
Phone: 706.647.5586 Fax: 706.646.4526
upsonshelter@upsoncountyga.org

Rescue Group Application

Thank you for applying for approval to rescue animals from Upson County Animal Control. Please fill out the following form in its entirety and attach a copy of your Georgia Department of Agriculture shelter license if you are located in Georgia. 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 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: <input type="checkbox"/> License from the Georgia Department of Agriculture or other state requirements <input type="checkbox"/> List of agents authorized to pickup animals from our shelter <input type="checkbox"/> Reference letter from your local animal control agency with letterhead and/or contact information <input type="checkbox"/> Two (2) rescue references from any agency with letterhead and/or contact information		
What type of animal does your organization accept? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Both If you are a purebred rescue group, would you consider rescuing a close mix? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you accept sick or injured animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Under what circumstances would you euthanize a pet in your program? Would you euthanize an animal that develops a treatable illness such as an upper respiratory illness or mange? <hr/> <hr/> <hr/>		
What is your adoption fee and what services do you provide for that fee? <hr/> <hr/> <hr/>		
Has any member of your organization been convicted of any felony offense, animal cruelty, or have been cited by the Georgia Department of Agriculture for any violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach explanation.		

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

Do you transport or arrange transport out-of-state? If so, where to and how often?

Do you screen all out-of-state rescues? If so, how?

Will you place animals that are located at Upson County Animal Control on the internet? If so, how often?

Do you agree to abide by all Georgia Department of Agriculture rules and regulations in regards to animal rescue?
 Yes No Failure to do so is grounds for denial of rescue privileges.

Please list name and phone number of your local animal control agency and attach a reference letter.

Name: _____

Phone Number: _____

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

Name: _____

Phone Number: _____

Upson County requires that all animals rescued from or transferred from the Upson County Animal Control 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 Upson County Animal Control prior to release and you are confirming that the above and attached information is complete and accurate to the best of your knowledge.

Primary Contact Person

Title

_____/_____/_____
Date

For Upson County Animal Control staff only.

Approved

Rejected (see attached)

Director

_____/_____/_____
Date