

County of San Bernardino
Department of Public Health – Animal Care and Control



ANIMAL RESCUE GROUP APPLICATION

Federal Tax ID #: _____ Contact Telephone #: () _____
Executive Director/President/Person in Charge: _____

ADMINISTRATION ADDRESS

Address: _____ City: _____ Zip: _____
Telephone #: () _____ Fax #: () _____
Email Address _____

VETERINARIAN INFORMATION

Name: _____ Clinic: _____
Address: _____ City: _____ Zip: _____
Telephone #: () _____ Fax #: () _____

PERSONS AUTHORIZED TO ADOPT (please include address and phone number, for additional persons, please use the back of this form, an approved ID will be needed to pick up animals)

1. _____ 2. _____

KENNEL ADDRESS (or location where animals are housed)

San Bernardino County Kennel License #: _____ (if applicable)
Address: _____ City: _____ Zip: _____
Telephone #: () _____ Fax #: () _____

DESCRIPTION OF KENNELS (check all that apply)

Indoor: _____ Outdoor: _____ Covered: _____ Uncovered _____ Total # of Runs _____

ADDITIONAL KENNEL INFORMATION

I understand that San Bernardino County Animal Care and Control has the right to inspect or have inspected and/or visit the rescue/kennel location(s) unannounced at reasonable times. I certify that all information provided is true, complete, and correct.

Print Name: _____ Signature: _____ Date: _____

For office use only:

Date Received: _____ Date Reviewed: _____ Reviewed By: _____
Disposition: _____