



APPLICATION

Organization Information

*Name of rescue organization: _____

*EIN number of your 501(c)(3) organization: _____

*Address: _____

*City: _____

*State: _____ *Zipcode: _____

*Phone: _____

Applicant Contact Information

*Full name: _____

Title: _____

*Mobile phone: _____ Home phone: _____

*Email: _____

Will you accompany pet to AMC? YES _____ NO _____

Handler Contact Information (if someone other than applicant will bring pet to AMC)

*Full name: _____

*Mobile phone: _____

*Email: _____

Animal's Information

*Name of animal: _____

*Species (circle one): Cat _____ Dog _____ Other _____

Breed, if applicable: _____

*Sex (circle one): Male Neutered Male Female Spayed Female

*Approximate date of birth: _____

*Color/Markings: _____

*Origin of animal (check one): Shelter (indicate) _____ Owner surrender _____

Stray _____ Other (indicate) _____

*Currently in foster care?: Yes _____ No _____

*Adoptive parent identified?: Yes _____ No _____

* Please indicate the animal's current medical condition. List reasons why AMC TO THE RESCUE can aid in the animal's adoption: _____

Primary Care Veterinarian Information

*Clinic/Hospital name: _____

*Veterinarian's name: _____

*Address: _____

*City: _____

*State: _____ *Zip code: _____

*Phone: _____ Fax: _____

How did you hear about AMC TO THE RESCUE?: _____

Return completed application and accompanying documentation (as per our website:
www.amcny.org/amcttrapplication) to:

Email: info@amcny.org

Fax: 212-308-0014

Snail mail: The Animal Medical Center, 510 E. 62nd Street, New York, NY 10065, Attn: Lynne Freeman-Gassem