



RESCUE QUESTIONNAIRE

Name of Organization: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Website: _____

Email: _____

Primary Contact: _____

Is the organization a registered 501(c)(3) non-profit: yes no

What types of animals does the organization accept for placement?

dogs Are you breed specific? yes no

Breed(s) accepted: _____ Do you accept mixes? yes no

cats Are you breed specific? yes no

Breed(s) accepted: _____ Do you accept mixes? yes no

rabbits Small animals (*hamsters, gerbils, etc.*)

reptiles/amphibians birds

farm animals (*please list animals accepted*)

wildlife (*please list animals accepted*)

other (*please list animals accepted*)

Does the organization have its own facility yes no

If yes, what type of housing is provided? kennels/cages foster homes boarding facilities

Will the organization take animals with medical problems? yes no

If yes, please list any exceptions to this policy: _____

Will the organization take animals with behavior problems yes no

If yes, please list any exceptions to this policy: _____

Will the organization take senior animals yes no

What is the organization's spay/neuter policy? _____

Does the organization sell animals for experimentation? yes no

ADDITIONAL INFORMATION:

List the veterinarian associated with the organization *(please include a phone number)*:

Please list any additional information you would like to include, including any additional resources you can provide or any other regional or national rescue groups you would recommend:

Return completed forms to:
adoptions@myHSWM.org
or
Humane Society of Western Montana
Attn: Shelter Supervisor
5930 Highway 93 South
Missoula, MT 59804