

**Last Chance for Arkansas Animals
(a.k.a. Last Chance Arkansas)
Rescue Application**

This application is for animal rescue organizations, or individuals, that would like to request help from Last Chance Arkansas (LCA) in rescuing dogs from Little Rock Animal Services (LRAS).

This is not an application to adopt a dog from LRAS or LCA. Please see the “Adoption Procedures” page on our website (www.LastChanceArkansas.org) for information about adopting a dog from LRAS or a dog that is in LCA foster care.

This application is not necessary if your rescue organization meets the LRAS requirements for rescuing animals from the shelter. If your rescue organization does meet the LRAS requirements, please contact LRAS directly at (501) 376-3067 and ask for Gary Pride or Tracy Roark.

If you are not sure whether or not your rescue group meets the LRAS requirements to pull directly from the shelter, please refer to the “LCA and LRAS Rescue Procedures” document which can be downloaded from our website (www.LastChanceArkansas.org) on the “Rescue Procedures” page.

Organization Information

Rescue Organization Name:

Address:

City:

State:

Zip Code:

Phone:

Website:

Are you a 501(c)(3) non-profit organization? Yes No

If yes, what is your Employer Identification Number (EIN)?

Do you require all animals you adopt out to be spayed or neutered? Yes No

If not, why not?

Are you a breed specific rescue? Yes No

If yes, what breed(s):

Do you conduct home visits prior to adopting out animals? Yes No

Do you have a shelter or do you use foster homes?

Please send us a copy of your adoption application, adoption contract or agreement, mission statement (if you are a 501(c)(3) organization), and any other documents you feel would help us better understand your organization.

Contact Information

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Other Phone:

E-mail:

Do you have a contact in Arkansas? Yes No If yes, please provide their contact information:

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Other Phone:

E-mail:

References

Please provide the following information for at least one, and preferably two, veterinarians your rescue group uses:

Veterinarian's Name:

Clinic Name:

Full Address:

Phone Number:

Veterinarian's Name:

Clinic Name:

Full Address:

Phone Number:

Name and phone number of your local animal control agency:

Name and phone number of your local Humane Society:

Other rescue groups you have worked with in the past:

DISCLAIMER

I understand that Last Chance for Arkansas Animals is an organization whose purpose is to find homes for animals that have been lost, abandoned or surrendered to an animal shelter.

I understand that most animals that Last Chance for Arkansas Animals are attempting to rescue are from an unknown situation, and have spent time in an animal control facility, and therefore may be fearful, nervous or have other characteristics that may be considered undesirable.

Last Chance for Arkansas Animals will try to identify any animal which seems to demonstrate aggressive behavior. However, I understand that all animals can act in ways which are unexpected. I understand that Last Chance for Arkansas Animals advises me, and all other members of my organization, to treat all rescued animals with care and attention to see what type of characteristics they demonstrate.

I understand that the temperament and disposition of any animal we rescue is completely unknown and not guaranteed at all. I assume all responsibility for evaluating the animal and its suitability for placement with an adopting person or family.

I understand that Last Chance for Arkansas Animals makes no representations regarding the health or demeanor of any of the animals which we help rescue.

I agree to indemnify and hold harmless Last Chance for Arkansas Animals for any act or conduct of any animal after delivery of the animal to me, any other representative of this rescue group or any other person involved in the rescue, transportation, foster care or adoption of any animal that Last Chance for Arkansas Animals assists us in rescuing.

SIGNATURE

I have read the above disclaimer carefully and I understand and agree with it. I have filled out this application honestly. I give Last Chance for Arkansas Animals permission to fully investigate the information provided including permission to contact all references I have listed.

I agree that typing my name in the "Signature" space below, and sending this application to Last Chance for Arkansas Animals via electronic mail, constitutes my agreement with all provisions of this application just as if I had actually signed my name.

Signature:

Date:

Printed Full Name:

Position or title within the organization:

(If the organization is a corporation, the signing person must be an officer of the corporation.)

To submit this application

You can e-mail it to:

rescue@LastChanceArkansas.org

Or fax it to:

(866) 683-9444 (toll-free)

Or mail it to:

**Last Chance Arkansas
P.O. Box 242703
Little Rock, AR 72223**

Disposition (LCA use only)

Date application received:

Application reviewed by:

References checked by:

Application APPROVED DENIED

Comments, including reason(s) for denial if appropriate: