



RESCUE APPLICATION

How to become a partner

1. Complete the attached Rescue Partner Agreement Application.
2. Provide a copy of 501c3
3. Please email the completed application & 501c3 to: book@chewac.org and allow 3-5 business days for our team to review your application.

Rescue Partner Agreement Application

CHEW Animal Clinic 8484 Walnut Hill, Dallas, TX 75231
P: 972-946-1011

Please tell us about your organization:

Is your organization a 501©3? ____ If yes, please attached a copy.

Organization Name: _____

Website of Organization: _____

On average, how many dogs/cats do you rescue a year? _____

Street Address: _____ City: _____

State: _____ Zip: _____

Mailing Address: _____ City: _____

(if different from above)

State: _____ Zip: _____

ONE EMAIL FOR MEDICAL RECORDS/INVOICES : _____

The following individuals are approved to send authorization for services:

Primary Contact Name: _____ Cell: _____

Secondary Contact Name: _____ Cell: _____

Additional Contact: _____ Cell: _____

Any special instructions for **ALL** foster pets in your care? (i.e “Scan all pets prior to microchip implant”, hold rabies tags for weekly pickup”)

Payment Information

Card holder name: _____ Card number: _____

Expiration date: _____ CVC: _____ Type: _____

Billing address/City/Zip: _____

I, _____, I am an authorized user of the credit card listed above and give
CHEW permission to charge for services rendered

Printed: _____ Signature: _____

PLEASE READ AND INITIAL

I understand my credit card listed on this agreement will be charged in full for all services
rendered: _____

I understand I will be charged a \$15 “no show” fee for all missed appointments _____

I understand I will be charged a \$45 “no show” fee for all missed surgeries & all cancellations
will be made 24 hours in advance _____

I understand medical records must be email to book@chewac.org prior to each appointment
_____ if records are brought in the day of appointment, please arrive 15 minutes early _____

Terms of Agreement

I hereby certify the information above is complete and accurate. I understand that my credit card
will be charged for services rendered, **no exceptions**. I agree that I am responsible to pay for all
charges that are incurred for the rescue name listen above. I understand that if I do not abide by
this contract, it will be **terminated immediately**.

Printed name: _____

Signature: _____ Date: _____