



**ANIMAL WELFARE AGENCY
(EXHIBIT "A")**

Please provide the following information about your organization.

1. Name of your agency: _____

Mailing Address: _____

(Street)

(City)

(State)

(Zip Code)

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

2. Please provide the following information regarding your Board Members:

President's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Vice President's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Treasurer's / Secretary's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Board Member's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

3. How long has your organization been in existence? _____

4. What primary breed(s) of animal(s) does your organization rescue? _____

5. What is the "Mission" of your organization? _____

6. How many fosters homes do you utilize? _____

7. Has your organization had to remove a foster home? And if so, why? _____

6. How many remote adoptions does your organization sponsor annually? _____

10. What follow-up does your organization conduct with foster homes and what controls are in place to govern the activities of the foster homes? _____

11. Does your organization limit the intake and dispersal of animals to foster homes? And if so, how? _____

PLEASE RETURN AGREEMENT TO:

**Arlington Animal Services
Attn: Jay Sabatucci
1000 S.E. Green Oaks Blvd.
Arlington, TX 76018**

