



Rescue Partner Information Update Form

GROUP ID# _____

Any changes to your organization's contact information? Yes No

Organization Name _____

Street Address (P.O. Box not acceptable) _____

City _____

State _____

Zip _____

Mailing Address (if different from above) _____

City _____

State _____

Zip _____

Business Phone _____

Primary Contact Name _____

Website _____

Exit Authorization

Primary Contact

The organization's representative or designee (Director, President, or Board Member) authorized to make changes to the organization's contact information and Authorized Exit list.

Authorized Exit

May contact our Supervising Animal Care Attendant about the animal they would like released. In most cases, we will contact the Primary regarding an animal available for release. **Note:** Please have Animal ID and Kennel number available.

Transporter Only

Picks up animals from our three shelter locations to transport to designated location. Arrangements are coordinated by the Primary Contact.

1. New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

Name (First and Last) _____

Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____

Home _____ Cell _____ Work _____ E-mail _____

2. New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

Name (First and Last) _____

Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____

Home _____ Cell _____ Work _____ E-mail _____

3. New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

Name (First and Last) _____

Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____

Home _____ Cell _____ Work _____ E-mail _____

4. New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

Name (First and Last) _____

Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____

Home _____ Cell _____ Work _____ E-mail _____

Authorized Signature _____

Print Name _____

Date _____

Additional page (Exit Authorization)

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

5. Name (First and Last)

Residential Address (P.O. Box not acceptable) City State Zip

Home Cell Work E-mail

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

6. Name (First and Last)

Residential Address (P.O. Box not acceptable) City State Zip

Home Cell Work E-mail

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

7. Name (First and Last)

Residential Address (P.O. Box not acceptable) City State Zip

Home Cell Work E-mail

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

8. Name (First and Last)

Residential Address (P.O. Box not acceptable) City State Zip

Home Cell Work E-mail

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

9. Name (First and Last)

Residential Address (P.O. Box not acceptable) City State Zip

Home Cell Work E-mail

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: All San Diego Carlsbad Bonita

10. Name (First and Last)

Residential Address (P.O. Box not acceptable) City State Zip

Home Cell Work E-mail