



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 complete electronic Rescue Release Authorization Form about the animal they would like released. In most cases, we will contact the Primary regarding an animal available for release.

Transporter Only

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

New Update Existing Info

Primary Contact Authorized Exit Transporter Only

Shelter Preference: Both Carlsbad Bonita

1.

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: Both Carlsbad Bonita

2.

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: Both Carlsbad Bonita

3.

Name (First and Last)

Residential Address (P.O. Box not acceptable)

City

State

Zip

Home

Cell

Work

E-mail

PLEASE REMOVE PERSON(S) FROM LIST:

4.

Authorized Signature

Print Name

Date

RETURN FORM TO: DASplacement@sdcounty.ca.gov (Attn: Rescue Update Form)

Additional page (Exit Authorization)

New Update Existing Info Primary Contact Authorized Exit Transporter Only
Shelter Preference: Both 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: Both 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: Both 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: Both 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: Both 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: Both Carlsbad Bonita

10. Name (First and Last)

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

Home Cell Work E-mail