



**MERCY
ANIMAL CLINIC**

Dr. Rick Hamlin

RESCUE APPLICATION

How to become a partner:

1. Complete the attached rescue partner agreement application.
2. Provide a copy of your 501c3.
3. Please email the application and your 501c3 determination letter to mercyanimalclinic@gmail.com and allow 3 -5 business days for our team to review your application.

Mercy Animal Clinic

972-530-8200

7030 Shiloh Road

Garland, Texas, 75044



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Please tell us about your organization:

Is your organization A 501C3 in good standing? _____ If yes, please attach a copy.

EIN: _____

Taxpayer Number: _____

Organization Name: _____

Address: _____

Mailing address: _____

Email address: _____

Main Contact Number: _____

Website of Organization: _____

Facebook Link: _____

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

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

The following individuals are approved to send authorization for services:

Primary Contact:

Name: _____ Role: _____ Cell: _____

Secondary Contact:

Name: _____ Role: _____ Cell: _____



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SPECIAL REQUESTS:

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

PAYMENT INFORMATION:

Card Holder name: _____

Card Number: _____

Expiration Date: _____ **CVC:** _____ **Type:** _____

Billing Address: _____

PLEASE READ AND INTIAL:

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

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 listed above. I understand that if I do not abide by this contract, it will be **terminated immediately**.

Printed name: _____

Signature: _____