



Rescue Application Questionnaire

Today's Date: _____ Organization Name: _____

Contact Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip code: _____

Business License Number: _____ Email: _____

Rescue Questions:

501 (c) 3 Please Circle: *(Please Provide Copy with Questionnaire)* Yes or No

Please Circle: Foster Homes or Adoption Center

How many adoptions do you have annually? _____

Website? _____

Volunteers? Please Circle: Yes or No

How many volunteers? _____

Exclusively feeding VerUS? Please Circle: Yes or No

Partnership Requirements:

- Brick and mortar location preferred
- Retail space within brick and mortar location preferred
- Incorporates the price of the food into the adoption fee
- Social media: Involves VerUS in customer engagement through social posts with images and updates of furry family members
- Must display VerUS icon on website for support
- Must Feed and recommend VerUS
- Have at least (1) type of signage that displays VerUS in rescue/retail location
- All staff/volunteers in the rescue must be trained on VerUS Pet Foods

Please provide answers to the questions below:

How did you hear about VerUS? _____

What is it that you want to accomplish with VerUS? _____

Signature: _____ Date: _____

Approved/Non-Approved: _____

Date: _____ VerUS Signature: _____