



# ADOPTION PARTNER APPLICATION

## GROUP INFORMATION

Select one:     New Application                       Renewal/ Updated Information

Group Name:		501(c)3 ID: <i>(attach copy of 501(c)(3) Determination Letter)</i>			
Address (No P.O. Boxes):		City:	State:	Zip:	
Phone Number:		Fax Number:			
Primary Contact Person:		Email:			
Website					
<b>Kennel Address:</b>		City:	State:	Zip:	
<input type="checkbox"/> Foster Based Only					
Total # of Runs: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered <input type="checkbox"/> N/A					
Maximum # of Animals to be housed		At this location:		In foster homes:	
Do you have an animal permit/ kennel permit to house multiple animals at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what agency, city, or county issued the permit:					
Permit number:		Expiration Date:		/    / <i>(attach copy of permit)</i>	
<b>Veterinarian(s) used for animal care. Attach additional pages if needed.</b>					
Veterinarian:		Clinic:			
Address:		City:	State:	Zip:	
Phone Number:		Fax number:			
Email:		Website:			
<b>List two Animal Control Agencies that we may contact as a reference for your organization. Please include your contact's name and phone number.</b>					
1.					
2.					



## ADOPTION PARTNER AGREEMENT

### I certify that all information provided is true, complete, and correct.

- I agree to contact the County of Orange, OC Animal Care (OCAC) with an update when a change in any contact information occurs.
- I agree, on behalf of the organization listed above, to maintain 501(c)(3) status and proper permits.
- I agree to notify OCAC immediately if the group's status should change and forward any updated or amended 501(c)(3) documents to OCAC immediately upon request thereof.
- I will complete reports requested by the department in a timely manner and I will maintain placement records for animals placed in homes or transferred to other organizations.
- I will provide certificates of sterility for every unaltered animal adopted within two months of adoption.
- I will assure the humane treatment of all animals released to me or my designees and guarantee responsible placements of each animal.
- I will assure that all representatives of the organization will comply with all local and state laws as they pertain to code compliance and humane animal care.
- I acknowledge that an OCAC enforcement officer has the right to inspect and/or visit the foster/kennel location(s) in the County of Orange unannounced at reasonable times.
- I understand that status as an Adoption Partner is a privilege and that OCAC can revoke both my Adoption Partner privileges and/or any member of my organization's ability to adopt at anytime.
- I will assure that all representatives of the organization will not interfere with shelter operations when visiting OCAC.
- I understand that any information regarding my organization may be shared with other agencies.
- I certify that I have received and read the OC Animal Care Adoption Partner Manual. I understand the contents and I agree to abide by the policies and guidelines as they apply to my participation as an OC Animal Care Adoption Partner.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only			
Date Received:	PID #:	Date Reviewed:	Reviewed By:
501(c)(3) final status received:		History Check Completed:	
Property Inspection Completed:		Results:	



## COMMUNICATION PREFERENCES

As an OC Animal Care Adoption Partner we have a few ways of communicating our special needs and at risk shelter pets. We also understand that all rescue organizations have different levels of resources and availability for pets that they can help. To best communicate the most appropriate shelter pets to you, we would like to know what kind of communication your group would prefer to receive.

### *General Emails / Rescue Requests*

These emails include announcements such as special events or waived adoption fees, and the promotion of shelter pets that are the most in need, at risk, or who we are seeking alternate pathways to adoption. This is also the email we will send copies of receipts and medical records to.

Please list the best contact email address for organization matters.

Documents/Announcements: \_\_\_\_\_

Rescue requests (may list more than one): \_\_\_\_\_

### *URGENT! Special Situation List*

Animals arrive at the shelter throughout the day in various conditions. Sometimes they unfortunately come in urgent need of care beyond the shelter's capabilities late in the day or are in severe medical distress. These animals will have very short deadlines and often need a rescue and pick up before the end of the day. If your rescue has the below resources to help these urgent animals and would like to be alerted, please check all boxes that apply.

I and rescue have approved fosters and/ or transporters within an hour of the shelter who are capable and willing to pick up shelter pets with short notice

I and rescue have veterinarian offices or animal hospitals that we partner with that may be available to help urgent cases with short notice

I and rescue understand that pets in these urgent cases may change in condition rapidly which could result in further decline of their health

I and rescue understand that the OC Animal Care veterinary staff will evaluate and determine what is best for the urgent case pets until they are in the care of our group's approved foster/ transporter

I and rescue understand that these urgent case pets may not have met retention at the time they are in need of rescue help and should an owner come forward prior to retention being met, we will return the pet to the shelter as soon as possible.



Please select the types of animals you would like to be notified about:

- Parvo Puppies/Dogs*       *Bottle Puppies*       *Other Urgent Medical Dogs (hospice, HBC, etc)*  
 *Panleuk Kittens/ Cats*       *Bottle Kittens*       *Other Urgent Medical Cats (hospice, HBC, etc)*  
 *Contagious Cats (scabies, ringworm, etc.)*       *Contagious Dogs (scabies, ringworm, etc.)*  
 *Injured/ Sick Birds*       *Injured/ Sick Livestock*       *Medical Reptiles*  
 *Bottle Rabbits*       *Injured/Sick Rabbits*       *Medical Pocket Pets (guinea pigs/ hamsters)*  
 *Others (please list):* \_\_\_\_\_

*Please list the contact names and emails you would like us to use for these situations:*

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## COMMUNICATION PREFERENCES

We get requests from the public asking which rescue groups have pulled specific animals. We do not normally share this information unless they go through the County's Public Records Request. Some of the people inquire so they can donate to the rescue for the pet or because they would like to reach out and possibly adopt. If you would like us to forward their information to you please check the box below.

- I would like our group to remain anonymous but you can send us the interested parties information.*

In the future, we may utilize a text communication system to reach out for urgent cases or program alerts. If this is something that your group would be interested in, please let us know.

- I am not interested in receiving text alerts at this time.*

- I would like to receive text messages for urgent cases and program alerts. Please use the following phone number(s):*

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