



DATE:

## ADOPTION PLACEMENT PARTNER ORGANIZATION APPLICATION FOR TRANSFER OF ANIMALS

Organization Name:

Year Founded:

Mailing Address:

City/State/Zip:

Physical Address:

City/State/Zip:

Website Address:

Public Phone Number:

What is your 501c3 or other qualified nonprofit organization number?

President/Chairman Name:

Street Address:

City/State/Zip:

Primary Contact Number for President/Chairman:

Secondary Contact Number for President/Chairman:

Email Address:

Vice President/Chairman Name:

Street Address:

City/State/Zip:

Primary Contact Number for Vice President/Chairman:

Secondary Contact Number for Vice President/Chairman:

Email Address:

Secretary/Chairman Name:

Street Address:

City/State/Zip:

Primary Contact Number for Secretary/Chairman:

Secondary Contact Number for Secretary/Chairman:

Email Address:

Treasurer/Chairman Name:

Street Address:

City/State/Zip:

Primary Contact Number for Treasurer/Chairman:

Secondary Contact Number for Treasurer/Chairman:

Email Address:

Does your Organization have a focus or specific interest? (ie: cats, specific breeds, medical/behavior limitations, etc.)?

## **ORGANIZATIONS REGULAR VETERINARIAN**

Clinic Name:

Doctors Name:

Phone Number:

## **LIST ANY SHELTERS WHICH YOU HAVE RESCUED FROM PREVIOUSLY**

Name:

City:

State:

Phone:



Name of person or persons authorized to make decisions or act as a representative for group:

Phone number:

Email address:

We must receive a copy of the following before animals may be placed:

501(c)3 or other qualified Non Profit Letter of Approval

List of representatives authorized to tag animals for your group

Uniform Criteria

Adoption Placement Partner Transfer Agreement

Submitted by President/Chairman Name:

Date:

President/Chairman Signature: \_\_\_\_\_