

## Nevada SPCA Rescue Group/Shelter Partnership

Thank you so much for the service you provide to the animals of our community. We're very grateful for all that you do to save lives.

Organization Name \_\_\_\_\_

Mailing address of the organization: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

Phone number (with area code) \_\_\_\_\_

E-mail address \_\_\_\_\_

Website \_\_\_\_\_

Director or President's Name \_\_\_\_\_ Title \_\_\_\_\_

Other key contact name \_\_\_\_\_ Title \_\_\_\_\_

Is this organization a registered 501(c)(3) organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal EI # \_\_\_\_\_

Is the organization incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_ State of Inc. \_\_\_\_\_

### **Personal contact information for key rescue contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone numbers (with area codes): work \_\_\_\_\_

home \_\_\_\_\_ cell \_\_\_\_\_

E-mail address \_\_\_\_\_

### **General Information about the Organization:**

How long has the organization been in existence? \_\_\_\_\_

How many animals does the organization care for presently? \_\_\_\_\_

What types/breeds of animals do you rescue? .

Are you willing to rescue special needs animals such as: \_\_\_ Mothers with litters,

\_\_\_ Neonatal orphans \_\_\_ seniors \_\_\_ chronic medical conditions

Other, please specify \_\_\_\_\_

Where are animals housed? \_\_\_\_\_

Describe the housing for the animals: \_\_\_\_\_

\_\_\_\_\_

What is the euthanasia policy? Please describe circumstances under which animals are euthanized

Do you adopt animals out to the public? \_\_\_\_\_

What is your return policy? What happens if adopters can no longer keep the animals

Does the organization have liability insurance? \_\_\_\_\_yes \_\_\_\_\_no

How many staff members? \_\_\_\_\_ volunteers? \_\_\_\_\_

Do you spay/neuter before adoption? Or have a contract with adopters?

If you work with a veterinarian, please provide name and contact information:

Would a NSPCA or Trustee staff member be welcome to visit your facility or foster homes?

Yes \_\_\_\_\_ No \_\_\_\_\_

References: Please provide references related to your organization, ideally professional and animal welfare contacts who have seen your facility (if applicable). Please include name, role/title, phone # and e-mail address for each reference

Please list names of your authorized agents -- people allowed to pick up animals for your organization. Please include area codes with phone numbers. (If more than two, please list on an additional sheet.)

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Individual completing form:

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

For Office Use: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

# NSPCA Transfer and Indemnification Agreement

Between Nevada SPCA and \_\_\_\_\_ (group name)

As a principal of the above named organization I certify that:

- All dogs, cats, puppies and kittens adopted through our agency are spayed or neutered before adoption (except in the rare case that a veterinarian indicates that anesthesia poses too great a risk for an individual animal due to advanced age or other medical condition).
- Our organization agrees to notify NSPCA is to be euthanized for any reason other than critical medical reasons or dangerous aggression so that NSPCA will have the opportunity to take the animal back.

We understand that:

- While NSPCA will, in good faith and to the best of its ability, disclose to our rescue group any information concerning any medical problems or behavioral issues for animals, that NSPCA cannot make any guarantees as to the health or temperament of animals.
- NSPCA bears no responsibility or liability for any cost that may be associated with any medical or behavioral problems, present or future, known or unknown, disclosed or undisclosed.
- Only authorized representatives of our group will be allowed to pick up an animal from the facility. Representatives must be 18 years of age or older.

Our organization agrees to hold harmless and indemnify NSPCA, its officers, employees and agents against any and all claims, causes of action, or losses occasioned by or resulting from the adoption of an animal originally transferred from NSPCA to the undersigned, including but not limited to medical claims for the transferred animal, injuries or damages sustained by the adoption party or any affected party caused by the transferred animal.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_