

# Placement Partner Application

*Thank you for taking the time to complete this application. The information will be used only as part of the Surry County Animal Control Placement Partner Program.*

Name of organization \_\_\_\_\_ Date \_\_\_\_\_

Is agency a registered 501(c)3 non-profit?  Yes  No Tax-exempt ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## Contact Information

Primary Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## Animals Accepted

What breed(s) is placement provided for? \_\_\_\_\_

Are mixes of these breeds accepted  Yes  No Comments: \_\_\_\_\_

Will the organization consider taking in animals with medical conditions?  Yes  No

If yes, please specify what medical conditions can be accepted and cared for by the agency:

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Will the organization consider taking in animals with behavior problems?  Yes  No

If yes, please specify what behaviors are accepted and what sort of training or rehabilitation can be provided:

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Are animals 6 years and old accepted?  Yes  No Comments: \_\_\_\_\_



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Housing

How many animals can the organization collectively house? \_\_\_\_\_

Please describe the housing methods used for animals in the organization's care:

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Does the organization make use of foster homes? Yes No

If a boarding kennel(s) is used for temporary housing, please list the contact

Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

How frequently is the boarding facility visited? \_\_\_\_\_

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Community relationships

Please list the veterinary clinic and veterinarian associated with the organization that we may contact for a reference:

Clinic name \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please list other shelters or animal welfare agencies the organization is currently working with that we may contact for a reference

Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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Other information

What is the organization's spay/neuter policy?

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What is the organization's long-term plan for animals who are not adopted?

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Please attach copies of the following documents used by the organization:

- Mission Statement
- Criteria for Foster Homes with Foster Contract
- Adoption Placement Criteria with Adoption Contract
- List of names of individuals (valid identification required) who will be representing the Placement Partner and are authorized to remove animals on behalf of the group
- Provide copy of the organization's 501(c)3 status or licensure by US Dept of Agriculture or NC Dept of Agriculture

Please return the completed application form to:

Surry County Animal Control  
Attn: Shelter Director  
118 Hamby Road  
Dobson, NC 27017