# **CONTACT INFORMATION**

Organization Name:		
Mailing Address:		
City:	State:	Zip:
Physical Address (if different):		
City:	State:	Zip:
Phone:	Fax:	
Email:	Website:	
Group President or Director:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		
AUTHORIZED AGENTS		
This transfer partner authorizes the from VAO's shelter facility on beha	e following persons to enter into a transfer agre If of the organization.	ement and to remove animals
AGENT 1:	Position:	
Phone:	Email:	
AGENT 2:	Position:	
Phone:	Email:	
AGENT 3:	Position:	
Phone:	Email:	
AGENT 4:	Position:	
Phone:	Fmail:	

# **REFERENCES**

VAO requires transfer partners to submit two references from shelters or other rescue groups from which the organization acquires animals. Please provide complete contact information for the references listed below. In addition, we ask that you provide us with the name and contact information of your local animal control provider and veterinarian.

REFERENCE 1:		
Primary Contact:	Phone:	
Address:		
City:	State:	Zip:
Relationship with rescue:		
REFERENCE 2:		
Address:		
		Zip:
Relationship with rescue:		
LOCAL ANIMAL CONTROL PROVIDER:		
Primary Contact:	Phone:	
Address:		
City:	State:	Zip:
VETERINARIAN OF RECORD:		Phone:
Address:		
City:	State:	Zip:
OPERATING DETAILS		
YEAR ESTABLISHED:		
NUMBER OF ANIMALS HANDLED ANNU	JALLY:	
ANNUAL BUDGET:		
FACILITY: Does your rescue have a build facility? If so, which one? VAO Transfer rely on a boarding facility, must be available.	Partners with a shelter building o	r primary facility, or Transfer Partners that
	s from the public, your organizati	orofit organizations with 501(c)(3) status. If on must be 501(c)(3) or in the process of

**FOR-PROFIT TRANSFER PARTNERS:** For-profit Transfer Partners must have a physical facility (store, office), have been in business for at least 3 years before applying for partnership, and operate with a specific animal-related purpose in support of a charitable mission targeted at adoption and lifesaving. For-profit partners may not represent themselves as nonprofits. Please provide the address of your physical facility:

**WHAT IS YOUR ORGANIZATION'S SPAY/NEUTER POLICY:** VAO Transfer Partners must provide pre-adoption sterilization of all animals. Exceptions based on a veterinarian's recommendation are appropriate and acceptable. In the event that this occurs, please notify VAO staff.

# SUPPORTING DOCUMENTS

Please submit the following documents for review:

Adoption Application & Contract 501(c)(3) Document Articles of Incorporation Kennel License (if applicable)

#### TRANSFER AGREEMENT

Upon entering into a Transfer Partnership with VAO, I understand and agree to the following:

- I agree to pick-up, or arrange pick-up, for any animal I have committed to transfer to my organization within 24 hours of the animal becoming available for transfer, unless otherwise arranged with the staff at VAO
- I understand that VAO makes no express or implied warranties as to the health or soundness of transferred animals, and acknowledge that I am taking any animals "as-is."
- I understand that there are no guarantees as to the behavior or disposition of the animals transferred to me.
- I agree to pursue veterinary treatment to assess all animals transferred to me, and to provide basic and remedial veterinary care as needed.
- I agree to provide the animals transferred to me with nutritionally adequate food, clean water, and exercise sufficient to maintain the health and well-being of the animal.
- I agree to address any medical or behavioral problems that the animals transferred to me may have.
- I agree to surgically sterilize all animals transferred to me prior to adoption (if applicable).
- I agree to carefully screen adoption applications to determine their suitability for the animals transferred to me, and to stringently evaluate potential foster homes.
- I agree to notify VAO if I decide to make a euthanasia decision for any animal transferred to me.
- I agree that in the event I need to return an animal to VAO I will provide at least 24 hours notice.
- I agree, upon reasonable notice, to permit VAO to inspect my facilities during normal business hours.
- I agree to pay for any expenses incurred relating to the veterinary care or basic husbandry needs of the animals transferred to me, unless otherwise agreed to in writing by VAO, and waive any rights to reimbursement of said costs and expenses from VAO.
- I agree to comply with any applicable federal, state, or local laws applicable to the animals transferred to me.
- I agree to waive and forfeit any and all claims I, my organization, or agents of my organization has or may have in the future against VAO.

Name (please print): _		
Signature:	 Date:	

### **THANK YOU**

Thank you for your interest in helping VAO save the lives of Camden County's homeless, orphaned, and abandoned animals. You will be contacted shortly by a VAO staff member about the status of your application.