

## Statement of Programs Goals

As a partner agency, we ask that you state your goal for the number of animals you will attempt to transfer annually:

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## Organization/Agency Information

Name of Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

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## Contact Information

(Please complete for each person acting on behalf of the organization/agency. No more than 2 agents are allowed.)

Contact person: \_\_\_\_\_

Contact person: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Contact phone #1: \_\_\_\_\_

Contact phone #1: \_\_\_\_\_

Type:  cell  home  work

Type:  cell  home  work

Contact phone #2: \_\_\_\_\_

Contact phone #2: \_\_\_\_\_

Type:  cell  home  work

Type:  cell  home  work

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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## Organization Type

Humane Society

Rescue Group

Animal Control

Vet Clinic

List capacity for: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

Do you spay/neuter all animals before releasing?  Yes  No

If no, what animals do you release unsterilized? \_\_\_\_\_

## Type of Housing

Foster Homes  Boarding Facility  Outdoor Shelter  Indoor Shelter  Kennel/Cattery

## Types of Animals

Type of Animals accepted: \_\_\_\_\_

Do you use any type of Animal Management Software?  Yes  No

If yes, please state type of software \_\_\_\_\_ If PetPoint, what is your shelter ID? \_\_\_\_\_

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## Facility Information

Is your group licensed?  Yes  No (Please also attach a copy of each license you carry)

Number of years in operation: \_\_\_\_\_

Annual intake: \_\_\_\_\_

Annual adoptions \_\_\_\_\_

Geographic covered: \_\_\_\_\_

I have read, understand and will abide by the Transfer Partner Protocols. I also verify that all the information on this application is correct and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_