# RESCUE PARTNER TRANSFER PROGRAM APPLICATION

Rescue Partners are needed to join with the Naperville Animal Control (NAC) to provide placement for animals, as Naperville Animal Control is a source only shelter. Animals transferred to NAC Rescue Partners can be snap tested and vaccinated and additional medical services (spay/neutering and microchipping) may be available, dependent upon resources. Transport may also be available. To join as a NAC Rescue Partner, the following items must be completed and requested documents be submitted.

## CONTACT INFORMATION

**Organization Name**                                **Phone Number**

**Mailing Address**

**City**                          **State**          **Zip Code**

**Physical Address (if different)**

**City**                          **State**          **Zip Code**

**Email**                                            **Website**

**Organization President or Director's Name**        **Email address**

**Address**

**City**                          **State**          **Zip Code**

**Home Phone**                                       **Cell Phone**

## AUTHORIZED AGENTS

This Rescue Partner authorizes the following persons to enter into a transfer agreement and to remove animals from NAC's facility on behalf of the organization.

**Authorized Agent #1**                                    **Position**

**Phone Number**                                           **Email**

**Authorized Agent #2**                                    **Position**

**Phone Number**                                           **Email**

**Authorized Agent #3**                                    **Position**

**Phone Number**                                           **Email**

**Authorized Agent #4**                                    **Position**

**Phone Number**                                           **Email**

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## REFERENCES

Naperville Animal Control requires Rescue Partners to submit references for the review process. One reference from the veterinarian that provides care for the organization's animals and two references from shelters or other rescue groups with which the organization partners or from which it acquires animals. In addition, provide the name and contact information of your local animal control provider.

### Primary Veterinarian

**Name**                                                   **Phone Number**

**Address**

**City**                          **State**        **Zip Code**

**Email**

**Relationship with rescue and services provided**

## Shelter/Rescue Reference #1

**Name**

**Primary Contact**                                      **Phone Number**

**Address**

**City**                              **State**          **Zip Code**

**Email**

## Shelter/Rescue Reference #2

**Name**

**Primary Contact**                                      **Phone Number**

**Address**

**City**                              **State**          **Zip Code**

**Email**

## Local Animal Control

**Provider Name**

**Primary Contact**                                      **Phone Number**

**Address**

**City**                              **State**          **Zip Code**

**Email**

## OPERATING DETAILS

**Year Established**                                    **Number of Animals Handled Annually**

**Capacity for Dogs**                    **Capacity for Cats**                    **Capacity for Other Animals**

**List species, specific breeds and/or if mixed breeds are accepted:**

**Does your rescue have a facility/building?**          Yes          No

**Does your rescue have a network of foster homes?**          Yes          No

**If yes, how many foster homes?**

**If your rescue uses a boarding facility, name the facility:**

Note: NAC Rescue Partners with a facility, shelter building, or that utilize boarding facilities, must make any and all of those facilities available for site inspection by NAC or its authorized agents.

**Types of Services Offered:**
**Breeder          Rescue          Foster          Other**

**If other, please explain:**

**Are there circumstances in which you would deem an animal to be non-placeable with the general public?**          Yes          No

**If you answered "yes", is euthanasia an option at your organization? Please explain:**

**Do you spay/neuter all animals before releasing them to a new adoptive home? If no, what animals do you leave unsterilized?**

**What other medical treatment do you provide for animals in your care?**

**What is your adoption fee, and what services do you provide for that fee?**

**Do you have a return policy in your contract? Please explain.**

**Do you microchip all animals prior to adoption?**

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**STATE OF ILLINOIS LICENSE NUMBER**

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**SUPPORTING DOCUMENTS**

The following documents must be submitted for review with this application form in order for your application to be considered.

- **State License**
- **Adoption Application**
- **Adoption Contract**
- **Proof of 501(c) 3 status (if applicable)**
- **Spay/Neuter Contract (if applicable)**
- **Brochure or other published materials about your organization (if applicable)**

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**RESCUE AGREEMENT**

Upon entering a rescue partnership with NAC, 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 NAC staff.

I understand that NAC makes no express or implied warranties about the health or soundness of the animals transferred, and that I am taking the animal "as-is."

I understand that there are no guarantees of the behavior or disposition of animals transferred to me.

I agree to pursue veterinary treatment to assess all animals transferred to me and provide basic and necessary veterinary care.

I agree to provide the animals transferred to me with nutritionally adequate food, clean water and exercise sufficient to maintain the health and wellbeing 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 before placing them for adoption, if they are not already sterilized and if a vet deems sterilization to be safe.

I agree to carefully screen adoption applicants to determine their suitability for the animals transferred to me and to stringently evaluate potential foster homes.

I agree to permit NAC to inspect my facilities during normal business hours.  I understand that this includes all boarding facilities.

I agree to submit an Outcome Report of transferred animals at any time, as requested by NAC.

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 in writing by NAC, and hereby waive any rights to claim reimbursement of said costs and expenses from NAC.

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 or my organization has or may have in the future against NAC.

Please be aware that all references will be checked and statistical information may be requested on transferred animals.

## CERTIFICATION & SUBMISSION

By checking this box, I agree that I have read and will abide by the Rescue Agreement and further attest that the information in this document is true and accurate to the best of my knowledge.

Please save and submit this application and *all* required supporting documentation to Naperville Animal Control at animalcontrol@naperville.il.us.