Lucas County Canine Care & Control Transfer Partner Application

Information

Organization Thank you for taking the time to complete this application. The goal of the Lucas County Canine Care & Control's Transfer Partner Program is to maximize and expedite the transfer of adoptable and potentially adoptable dogs to shelters and breed placement groups.

	Name of Organization:	Date:	
	Is the organization a registered 501(c)3 non-profit? O Ye	O No Tax-exempt ID #:	
	Address:	City, State, Zip:	· · · · · ·
	Mailing Address:	City, State, Zip:	
	Website:	E-mail:	
	Phone:Alternate:_	Fax:	
	Number of: Years in Operation: Sta	f Members: Volunteers:	
	Geographic area covered:		
	Organizational Statistics for Jan. 1 - Dec. 31, 20		
	Incoming dogs (list numbers): from animal shelters:	from private owners: from other placement groups:	_
	strays not from shelter	s: Total number of incoming animals:	
	Dog dispositions (list numbers): Adopted to private owner	s: Transferred to animal shelters: Euthanized:	
	Transferred to other groups:	Lost, stolen or died in care: Total number of animals outgoing: _	
	Transferred to other groups:	Lost, stolen or died in care: Total number of animals outgoing: _	
Contact		Lost, stolen or died in care: Total number of animals outgoing: ove organization allowed to remove dogs from the Lucas County Canine Car	
Contact Information	Contacts listed below will be the only persons from the ab		e & C
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	Will the organization consider taking in dogs with medical	conditions? O Yes O No					
	If Yes, please specify what medical conditions can be acc	cepted and cared for by the organization:					
	Will the organization consider taking in dogs with behavio	r problems? O Yes O No					
	If Yes, please specify what behaviors are accepted and w	hat sort of training or rehabilitation can be provided?					
	Are dogs 6 years and older accepted? O Yes O No	Comments:					
	How many dogs can this organization collectively house?						
Housing	Please describe the housing methods used for dogs in this organization's care:						
	Does the organization make use of foster homes? O Ye	s O No How many dogs are currently in foster care for the group?					
	Does your organization visit/physically inspect its foster h						
		er dogs and total number of dogs (including owned dogs) in individual foster homes					
	O Yes O No Please describe:	er dogs and total number of dogs (moduling owned dogs) in individual roster nomes					
	Ticase describe.						
	If a boarding kennel(s) is used for temporary housing, ple	ase list the contact details:					
	Facility:						
	Facility:						
	How frequently is the boarding facility visited?						
	Please list the veterinary clinic and veterinarian associate	ed with the organization that we may contact for a reference:					
	Clinic Name:						
Community	Veterinarian:	Phone:					
Relationships	Please list other shelters or animal welfare agencies the o	organization is currently working with that we may contact for a reference:					
	Facility:	_Phone:					
	Facility:	Phone:					

	Facility:Phone:							
	Please list a trainer or behaviorist the organization works with that we may contact for a reference:							
	Facility:Phone:							
	Name:							
	Why does the organization want to partner with the Lucas County Canine Care & Control?							
Other	Are there circumstances under which the organization would deem a dog to be non-placeable with the general public? O Yes O No							
Information	If Yes, is euthanasia an option at your organization? O Yes O No							
	Please describe circumstances under which euthanasia is considered:							
	Does the organization screen dogs for temperament/behavior problems? O Yes O No							
	If Yes, what type of screening is used?							
	Does the organization spay/neuter all dogs before releasing to a new adoptive home? O Yes O No							
	If No, what dogs does the organization release unsterilized and what are your follow up protocols to ensure sterilization?							
	Who performs the spay/neuter surgeries for the organization?							
	What is the organization's adoption fee and what services are provided for that fee?							
	What is the organization's return policy for adopted dogs?							

	Please	attach	copies	of the	following	documents	used b	v the	organization:
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• Proof of 501(c)3 status

Documents

- State Non-Profit papers
- Mission Statement
- Adoption Placement Criteria and a description of the adoption process
- Adoption Application and Adoption Contract
- Criteria for foster homes and Foster Volunteer Agreement

I UNDERSTAND THAT THE LUCAS COUNTY CANINE CARE REPRESENTATIVES HAVE THE RIGHT TO INSPECT AND/OR VISIT THE TRANSFER PARTNERS LOCATIONS WHERE DOGS ARE HOUSED AT REASONABLE TIMES. I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

YOU HAVE MY PERMISSION TO CONTACT ANY PERSON/ENTITY LISTED IN THIS APPLICATION OR ITS ATTACHMENTS FOR REFERENCE PURPOSES.

Authorized Signature	Date	
Printed Name	Title	

Please return this completed Application and supplementary documents to: By Email to: gbenner@co.lucas.oh.us
Or, by mail to:
 Lucas County Canine Care & Control
 Attention: Adoption Center Supervisor
410 S. Erie St.
 Toledo, Ohio 43604