

**Lucas County Canine Care & Control  
Transfer Partner Application**

**Organization Information** 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?  Yes  No Tax-exempt ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of: Years in Operation: \_\_\_\_\_ Staff 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 shelters: \_\_\_\_\_ Total number of incoming animals: \_\_\_\_\_

Dog dispositions (list numbers): Adopted to private owners: \_\_\_\_\_ Transferred to animal shelters: \_\_\_\_\_ Euthanized: \_\_\_\_\_

Transferred to other groups: \_\_\_\_\_ Lost, stolen or died in care: \_\_\_\_\_ Total number of animals outgoing: \_\_\_\_\_

**Contact Information** Contacts listed below will be the only persons from the above organization allowed to remove dogs from the Lucas County Canine Care & Co

**Information** Primary Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

**Dogs** Breed(s) accepted for transfer: \_\_\_\_\_

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

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

If Yes, please specify what medical conditions can be accepted and cared for by the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes, please specify what behaviors are accepted and what sort of training or rehabilitation can be provided? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are dogs 6 years and older accepted?  Yes  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?  Yes  No How many dogs are currently in foster care for the group? \_\_\_\_\_

Does your organization visit/physically inspect its foster homes?  Yes  No

Does your organization have a limit on the number of foster dogs and total number of dogs (including owned dogs) in individual foster homes'?

Yes  No Please describe: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

Please list the veterinary clinic and veterinarian associated 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 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: \_\_\_\_\_

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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?  Yes  No

**Information** If Yes, is euthanasia an option at your organization?  Yes  No

Please describe circumstances under which euthanasia is considered: \_\_\_\_\_

Does the organization screen dogs for temperament/behavior problems?  Yes  No

If Yes, what type of screening is used? \_\_\_\_\_

Does the organization spay/neuter all dogs before releasing to a new adoptive home?  Yes  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? \_\_\_\_\_

