



CANINE CARE + CONTROL

Transfer Partner Application

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 Rescue Organization, Humane Society or Shelter:		President or Chief of Organization:
Address of Organization:		Organization’s Website:
Primary Contact Name	Phone number	Email Address:

Mailing address if different than the organization’s address: _____

What breeds does your organization accept:

If you are a purebred rescue group would you consider rescuing a close mix? Yes No

Do you spay and neuter all animals before releasing to a new adoptive home? Yes No

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

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

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

If Yes, please specify what behaviors are accepted

Does your organization have a specific age range they will accept? Yes No

If Yes, please list the age range: _____ to _____ years.

Please provide the name and phone number of the veterinarian that you use:

Name: _____

Phone number: _____

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?

Is your organization a 501(c)3? Yes No

If yes, please include your IRS Determination letter and State Tax- Exempt certificate.

FEIN#

If no, are you a County Shelter? Yes No If Yes, what county? _____

Authorized Representatives:

Name		Name	
Title		Title	
Phone		Phone	
Name		Name	
Title		Title	
Phone		Phone	
Name		Name	
Title		Title	
Phone		Phone	
Name		Name	
Title		Title	
Phone		Phone	

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: Kardner@co.lucas.oh.us