

## SHEBOYGAN COUNTY HUMANE SOCIETY



3107 N 20<sup>th</sup> Street Sheboygan, WI 53083 920-458-2012 Fax 920-208-2204 SCHS@excel.net www.MySCHS.com

## Rescue and Breed Partnership Program

The goal of our partnership with qualified breed rescue organizations is to be of assistance in placing as many adoptable animals as possible into caring, responsible homes. To assist in our partnership, we ask that you review the following program and complete the attached form.

*We consider the following components of our partnership with rescue groups to be important for the proper care of animals released from our organization:*

- All animals must be spayed or neutered before being placed in their permanent homes through rescue. If an animal is released by SCHS prior to spay/neuter, the rescue organization is responsible for the surgery and must provide us with documentation that the surgery has been performed before the animal was adopted.
- Sheboygan County Humane Society will not willfully release any animal for rescue with a known bite history, excessive health problems or severe behavior problems without sharing all available information about the animal's condition with the rescue.
- Animals will be released only to rescues that have been thoroughly screened.
- The screening of potential adopters and the adoption contract used by the rescue must be at least as thorough as that of Sheboygan County Humane Society.
- If Sheboygan County Humane Society has possession of any breed registry papers, the papers will not be transferred with the animal's records.
- When a SCHS pet is placed with an approved adopter through your organization, you must provide a copy of the adoption contract including the name, address and telephone number of the adopter. This information will be used only to complete the animal's permanent file with our organization.
- Sheboygan County Humane Society reserves the right to charge an adoption fee.
- Sheboygan County Humane Society reserves the right to attempt to place any animal through its own adoption process prior to calling rescue.

Rescue Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code / Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

Contact Person \_\_\_\_\_

Web Site Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

What date was your organization formed? \_\_\_\_\_

How many animals have you placed for adoption in the past twelve months? \_\_\_\_\_

Has your organization been granted non-profit status 501(c)3 by the IRS? YES \_\_\_\_ NO \_\_\_\_

Please describe the services your organization offers:

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

What is your standard adoption fee? \_\_\_\_\_

Do you place:

Older animals? YES \_\_\_\_ NO \_\_\_\_ Disabled or Animals with Health Issues? YES \_\_\_\_ NO \_\_\_\_

Please tell us how you screen potential foster homes:

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

Please tell us how you screen potential adoptive homes:

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

Please list the Veterinarian(s) who provide health care for your organization:

1. Name of Business \_\_\_\_\_

Name of Veterinarian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code / Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

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2. Name of Business \_\_\_\_\_

Name of Veterinarian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code / Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

May we contact your Veterinarian(s) for a reference? YES \_\_\_\_ NO \_\_\_\_

Please list other shelters you have worked with in the past:

Shelter Name \_\_\_\_\_

Contact Person \_\_\_\_\_ **How long have you worked with this shelter?** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Shelter Name \_\_\_\_\_

Contact Person \_\_\_\_\_ **How long have you worked with this shelter?** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Shelter Name \_\_\_\_\_

Contact Person \_\_\_\_\_ **How long have you worked with this shelter?** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Does your organization have its own shelter? YES \_\_\_ NO \_\_\_

If yes, where is it located?

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code / Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

**Please list the medical / health care / vaccines you provide the pet prior to adoption:**

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**Please tell us about your policy on spay and neuter:** \_\_\_\_\_

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**Please tell us the reasons your organization would consider euthanasia for an animal after she or he has enter your organization’s adoption program:**

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**How does your organization share information about itself and your adoptable pets with the public?**

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**Are you affiliated with any other organizations? YES \_\_\_\_ NO \_\_\_\_**

**If yes, which one(s):**

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**Please tell us about any conditions that disqualify an animal from your program (like age, temperament, medical condition, physical condition, physical appearance, etc.):**

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**Will your organization assist animals that are “mixes” of your breed? YES \_\_\_\_ NO \_\_\_\_**

**If yes, under what conditions do you assist “mixes”?**

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Would your organization be willing to assist us with evaluations for your breed? YES \_\_\_\_ NO \_\_\_\_  
If yes, whom do we contact? When are they available?

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Do you agree to contact us with any changes that occur within your group that would affect its ability to provide services for your breed to SCHS? YES \_\_\_\_ NO \_\_\_\_

Would your organization be willing to assist with educating our staff and members of the public about your breed and organization? YES \_\_\_\_ NO \_\_\_\_

Does your organization carry liability insurance? YES \_\_\_\_ NO \_\_\_\_

Do you have any questions or comments about your organization working with Sheboygan County Humane Society?

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Please sign \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ E-mail \_\_\_\_\_

Your Area Code / Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Your Cell Number \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**Attach to this form:**

- A copy of your organization's Adoption Application
- A copy of your organization's Adoption Contract
- Copy of proof of insurance, if you have a policy

**For Office Use Only:**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Notes / Remarks:**