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Placement agreement between Palm Valley Animal Center ("PVAC") and _____ ("Rescue Organization")

General Information

Name of Organization: _____

Species: _____ Breed preference: _____ Age restrictions (if any): _____

Website information: _____

Geographic region covered: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Mailing address (If different from physical): _____

City: _____ State: _____ Zip: _____

Organization Contact Person: _____ Position: _____

Phone: _____ Alt. Phone: _____

Email address: _____

Preferred method of contact: Phone Email

List of approved animal transporters: *(This list may be amended by your organization's contact person. The request must be submitted, by your listed contact, on official organizational letterhead)*

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Type of Organization (*Only check the box that applies to your organization*)

Non-Profit – **Please attach a copy of your 501(c)(3)**

Private Organization – **Please attach a copy of your organization by-laws or charter**

Sponsorship (*i.e., local breed club, national breed club*): _____

Length of time your organization been placing animals: _____

Type(s) of housing provided to rescued animals (*check all that apply*)

Kennel – Number of kennels: _____ Foster Boarding facility

Other: _____

Type(s) of service you provide:

Placement in permanent homes

Transfers – **Please attach a description of your transfer program**

Lifetime care

Are all of your adopted animals spay or neutered prior to adoption?

Yes

No – Please describe what measures you take to ensure animals are spay or neutered after

adoption: _____

Please list your other sources for animals besides PVAC: (*Groups, shelters or general public*)

Please provide the name, address and phone number of two references for your organization (*One Veterinarian and one adopter, sponsor or humane organization*)

Name: _____ Phone: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Adoption Program

Please list the resources your organization uses to facilitate adoptions: (*on site kennel*

adoptions, website, adoption events, pet stores) _____

Please Attach:

1. Adoption application/agreements
2. Fee schedules for adopters

Foster Program

How many active foster homes does your organization currently have? _____

Estimate only. Actual number of animals transferred/placed annually will allow for an increase or decrease in the number of available foster homes.

The maximum number of dogs your organization allows in each foster home: _____

Do you inspect your foster homes? No Yes – How frequently? _____

Do you train your fosters? No Yes – Describe briefly: _____

Please Attach:

1. Foster application
2. Foster contract

Behavioral Program

Is your organization willing to receive animals that have been deemed unadoptable due to behavior? Yes No

If no continue to the Medical Program portion of the application

Does your organization have any staff trained in animal behavior modification? Yes No

What behavior(s) is/are your staff qualified to modify? (*Check all that apply*)

- Resource guarding Dog aggression Extreme aggression Fear biting
- Separation anxiety Housebreaking Excessive barking Feral taming
- Other: _____

Medical Program

Please list the Veterinarian(s) that your Rescue/Placement Organization uses:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical conditions your organization has the capacity to treat: *(Check all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Anaplasma Phagocytophilum | <input type="checkbox"/> Erlichia Canis | <input type="checkbox"/> Heartworms |
| <input type="checkbox"/> Borrelia Burgdorferi (<i>Lyme disease</i>) | <input type="checkbox"/> Kennel Cough | <input type="checkbox"/> Parvo |
| <input type="checkbox"/> Distemper | <input type="checkbox"/> Ringworm | <input type="checkbox"/> Demodectic Mange |
| <input type="checkbox"/> Severe bodily injury/wounds | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Sarcoptic Mange |
| <input type="checkbox"/> Other: _____ | | |

I certify that all the above information is true to the best of my knowledge and that I am authorized to represent the rescue/placement organization identified in this application.

I acknowledge that I have read, understand and will abide by the policies outlined in the Palm Valley Animal Center Rescue/Placement Organizations Standard Operating Policies and Procedures

Signature Date

Printed Name