



## ANIMAL RESOURCE CENTER

MONTGOMERY COUNTY  
ANIMAL RESOURCE CENTER

6790 Webster Street  
Dayton, Ohio 45414  
937-898-4457  
www.mcanimals.org

COUNTY COMMISSIONERS

Judy Dodge  
Debbie Lieberman  
Carolyn Rice

COUNTY ADMINISTRATOR

Michael B. Colbert

DIRECTOR

Amy Bohardt

Dear Rescue Partner,

The Animal Resource Center is committed to working with our rescue partners in providing the best possible outcomes for the dogs and cats who enter our facility. We would like to take this opportunity to thank you for everything your group does for animals here in Ohio or nationally. Without the support and commitment of organizations such as yours, it would be impossible for the Animal Resource Center to accomplish our goals of saving more lives and finding homes for our wonderful animals.

To become one of our rescue partners, please fill out the appropriate paperwork that you will find included with this packet. Not all of the paperwork will need to be included, and there are some forms (such as the Ohio Department of Agriculture registration) that are not included with this packet.

Paperwork All Rescues Must Include:

- Rescue Profile – this provides information about your organization
- Transfer/Rescue Agreement – this is the agreement between your organization and ours
- 501(c)(3) Letter of Determination or Application Filing Receipt (copy)

Paperwork if your organization is from the state of Ohio:

- Ohio Department of Agriculture Rescue Registration (copy)

Paperwork if your organization is from out of state:

- Secretary of State Corporation Registration (copy)

Paperwork you may fill out if necessary:

- Partner ID Registration Form(s) – The Rescue Profile allows you to specify up to 2 people to represent your organization and retrieve animals from our facility. You may authorize up to four (4) additional people by filling out and signing this form.

Thank you for taking the time to fill out and submit our required paperwork. You may return it to:

Montgomery County Animal Resource Center  
Attn.: Outreach Coordinator  
6790 Webster St.  
Dayton, OH 45414

Email: [ARCRescue@mcoho.org](mailto:ARCRescue@mcoho.org)  
Fax: 937-454-8139

We look forward to working with you!

Montgomery County Animal Resource Center Staff



ANIMAL RESOURCE CENTER

# Animal Resource Center Rescue Profile

Return to: Outreach Coordinator  
6790 Webster St., Dayton, OH 45414

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Please complete the following information for two (2) contacts for your organization:

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you regarding the possible transfer of an animal? \_\_\_\_\_

\_\_\_\_\_

What information would you like to know about the animal in the initial contact? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Information About Your Organization

Species/Breeds you accept: \_\_\_\_\_

Will you accept mixed breeds: YES NO (circle one)

Any restrictions on animals will assist (i.e., age, health, behavior, etc.) \_\_\_\_\_

\_\_\_\_\_

What behavioral issues are you willing to work with? (circle all that apply)

Fear Under-socialized Separation Anxiety Hyperactive/Over-stimulated

Other \_\_\_\_\_

Are you a 501(c)(3) non-profit organization? YES NO (circle one)

Geographic area covered: \_\_\_\_\_

\_\_\_\_\_

Number of years in operation? \_\_\_\_\_ Avg. number of animals handled per year? \_\_\_\_\_

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email: [ARCRescue@mcohio.org](mailto:ARCRescue@mcohio.org)

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# Animal Resource Center Rescue Profile

## Animal Assistance Information:

How are animals housed? (circle all that apply) Foster Home    Boarding @ kennel    Boarding @ vet clinic

Other: \_\_\_\_\_

If you cannot take an animal in, do you offer assistance through referrals to other organizations or individuals?

YES                      NO    (circle one)

If yes, what types of organizations/individuals would you refer to interested persons? \_\_\_\_\_

If you do not have an appropriate animal for an interested adopter, do you refer potential adopters to other sources?    YES    NO    (circle one)

If yes, what sources: \_\_\_\_\_

If yes, what contact information should we provide (email, phone, etc.): \_\_\_\_\_

What Veterinary services would you need us to perform? (circle all that apply)

Rabies Spay/Neuter    Vaccines    Heartworm test    Other: \_\_\_\_\_

## Services Offered by Your Organization

Do you spay/neuter rescued animals before adopting them to their forever home? YES    NO    (circle one)

If No, please explain: \_\_\_\_\_

Please circle which of the following services are provided for the animals you take in:

Vaccines:    YES    NO    Type: \_\_\_\_\_    Given by a veterinarian: YES    NO

Other services:

Heartworm Testing                      Heartworm treatment                      Internal Parasite screening

Internal Parasite Treatment    Professional Dental Care                      Professional Grooming

Dog Training/Behavior Modification                      Tattoo/Microchipping

Temporary foster care for animals involved in cruelty cases

Animal Behavior Counseling (without taking in the animal)                      Breed Identification Assistance for Shelters

Educational Programs for Shelter Staff on Specific Breeds                      Information Packets about Specific Breeds

Other: \_\_\_\_\_

Profile Completed By:

Name: (Print): \_\_\_\_\_                      Signature: \_\_\_\_\_

Your role/position within the organization: \_\_\_\_\_                      Date: \_\_\_\_\_

Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

**Thank you for taking the time to complete this profile.**

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# Animal Resource Center Transfer/Rescue Agreement

The ARC values each life that enters the facility. We take every animal seriously and are committed to ensure that animals have the most successful future possible. We require that interested Rescue Partners complete the Rescue Profile and Transfer/Rescue Agreement before being considered a partner.

Not ALL animals in our care are candidates for rescue just because they are a specific breed. If the ARC has the space in the facility and the dog is adoptable, the ARC will attempt to adopt the animal into a new home. If the animal has been made available for adoption it may be considered as a rescue candidate. If an animal has a behavior and/or medical condition, or under special circumstances, such as reaching capacity at the ARC, then the animals will also be considered for rescue transfer.

Any amendment of fees or animal selection must be approved by Management.

## RESCUE PARTNER AGREEMENT

I agree to pick up any animal I committed to transfer to my organization within one (2) business days of the animal being approved for transfer. \_\_\_\_\_

I agree to pay for any expenses incurred relating to Veterinary care or basic husbandry needs of any animal transferred to me, unless otherwise agreed upon by the ARC Director or Management, and waive any rights to claim reimbursement of said cost and expenses from the ARC. \_\_\_\_\_

I understand that the ARC makes no implied warranties about the health or soundness of the animal(s) transferred. I am taking the animal(s) "as is". \_\_\_\_\_

I understand that there are no guarantees regarding the behavior or disposition of the animal(s) being transferred to me. \_\_\_\_\_

I agree to pursue veterinary treatment for all animals transferred to me, and to provide basic and remedial veterinary care as needed. \_\_\_\_\_

I agree to provide the animals transferred to me with nutritionally adequate food, clean water, and exercise sufficient to the health and well-being of the animals. \_\_\_\_\_

I agree to address any medical or behavioral problems that the animal may have. \_\_\_\_\_



# Animal Resource Center Transfer/Rescue Agreement

I agree to surgically sterilize all animals transferred to me before placing for adoption. (If they are not already surgically sterilized, and/or unless a veterinarian medically exempts them from such a procedure.) \_\_\_\_\_

I agree to carefully screen adoption applications to determine the suitability for the animal transferred to me, and to stringently evaluate future foster homes. \_\_\_\_\_

I agree, upon 24-hour notice, to permit the ARC to inspect my facilities during normal business hours. \_\_\_\_\_

I agree to comply with any Federal, State and Local laws applicable to the animals transferred to me. \_\_\_\_\_

I acknowledge that I am a tax exempt and not-for-profit organization with 501(c)(3) status.  
\_\_\_\_\_

BY SUBMITTING THIS FORM I AGREE THAT ALL INFORMATION PROVIDED IN THE APPLICATIONS ARE TRUE AND COMPLETE. I FURTHER AGREE THAT FALSE INFORMATION WILL RESULT IN MY REMOVAL FROM THE ARC RESCUE PARTNER PROGRAM.

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

## RESCUE PARTNER ID FORM

Please Print All Information

The below-listed person is approved to pull animals from the Montgomery County Animal Resource Center (ARC) on behalf of the indicated rescue organization. Their signature on related paperwork shall be binding upon the organization, and any fees or costs incurred approved. Contact information is for the individual, NOT the organization which they represent. This ID shall not be transferred, shared or otherwise utilized by any other person within the organization.

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title or position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Contact information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Approval by organization representative:

\_\_\_\_\_  
Signature Date

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To be filled out by ARC staff:

Chameleon ID of Org: \_\_\_\_\_ Person ID: \_\_\_\_\_

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

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RESCUE PARTNER DOCUMENT CHECKLIST

- \_\_\_\_\_ Rescue Profile
- \_\_\_\_\_ Transfer/Rescue Agreement
- \_\_\_\_\_ Copy of 501(c)(3) Letter of Determination or Application Filing Receipt
- \_\_\_\_\_ Ohio Department of Agriculture (O.D.A.) Rescue Registration (if in Ohio)
- \_\_\_\_\_ Secretary of State Corporation Registration (if out of state)
- \_\_\_\_\_ Partner ID Registration Form(s) (circle number filed)    1 2 3 4

Notes:

- Secretary of State Corporation registration is required for partners incorporated outside of Ohio
- Up to four (4) partner id registration forms may be included

Please ensure that you have included all applicable documents on the list.

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ARC Staff:

\_\_\_\_\_

Approved and verified

\_\_\_\_\_

Date