MONTGOMERY COUNTY
ANIMAL RESOURCE CENTER

Animal Resource Center
Rescue Profile

Return to: Shelter Supervisor Estelle Johnson
6790 Webster St., Dayton, OH 45414

Organization Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email address _____

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

#1 Name _____ #2 Name _____

Phone _____ Phone _____

Alternate Phone _____ Alternate Phone _____

Email address _____ Email address _____

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 you 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 501 (C) 3? Yes No (circle one) Business Yes No (circle one)

Geographic area covered: _____

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

6790 Webster Street Dayton, OH 45414 937-898-4457
Animalshelter@mcohio.org Fax 937-454-8139
www.mcohio.org/animalshelter

OVER

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

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

_____

If you do not have an appropriate animal for an interested adopter, do you refer potential adopters to other sources? Yes No

If yes, what sources: _____

If yes, what number / e-mail should we provide?

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 or neuter rescued animals before adopting them to their forever homes?
Yes No

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 (Circle all that apply)_____

Heartworm testing Heartworm treatment Internal parasite screening

Internal parasite treatment Professional dental care Professional Grooming

Dog training/behavior modification Tattoo/microchipping

Other:

Other types of services you offer (Circle all that apply)

Temporary foster care for animals involved in cruelty cases

Animal behavior counseling (w/o 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 in the organization Date:

Phone:_____ Email:_____

Thank you for taking the time to complete this profile.

MONTGOMERY COUNTY
ANIMAL RESOURCE CENTER

Animal Resource Center
Transfer/Rescue Agreement

The ARC values each life that enters the facility. We take every animal seriously and our commitment to ensure that the animals have the most successful future possible. We require that interested Rescue Partners complete the Rescue Profile and Partner Application 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 on the adoption floor for fourteen (14) days, the animal 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 pickup any animal I committed to transfer to my organization within seven (7) 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 animals transferred to me, unless other wise agreed by 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 animals transferred, that I am taking the animal as is.

_____

I understand that there are no guarantees of the behavior or disposition of the animal being transferred to me. _____

MONTGOMERY COUNTY
ANIMAL RESOURCE CENTER

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Transfer/Rescue Agreement

I agree to pursue veterinary treatment to assess all animals transferred to me 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 health and well being of the animal. _____

I agree to address any medical or behavior problems that the animal may have. _____

I agree to surgically sterilize all animals transferred to me before placing for adoption. (If they are not already surgically sterilized). _____

I agree to carefully screen adoption applications to determine suitability for the animal transferred to me, and stringently evaluate potential 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 agree to waive and forfeit any and all claims I or my organization has or may have in the future against the ARC. _____

ARC Rescue Partners should be tax exempt and not for profit organizations 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 _____

Organization _____

Humane Discourse And Conduct in Animal Welfare

We the individuals and organizations, in conjunction with the Montgomery County Animal Resource Center, reject and condemn verbal abuse, threats and acts of violence directed against animal welfare personnel. There is no place in the humane movement for physical or verbal intimidation, violence, or acts of terrorism. These include, but are not limited to direct actions, social media conduct or related activities.

As rescue partners, we call on every animal welfare group to join us in actively promoting compassion and respect, not just for animals, but for those people who work tirelessly on their behalf. We will not engage in attacks on fellow individuals, organizations or agencies in any manner as they do not further the cause of animal welfare. We understand that engaging in behavior contrary to this pledge, including directors or volunteers, may result in suspension or termination of our ability to pull animals.

_____

Organization

_____

Name, Title (Print)

_____ _____

Signature Date

_____ _____

ARC Director Date

RESCUE PARTNER DOCUMENT CHECKLIST

1. ____ Application Profile Form
2. ____ Transfer Agreement
3. ____ Copy of 501c3 Letter of Determination or Application Filing Receipt
4. ____ Ohio Department of Agriculture Rescue Registration #
5. ____ Secretary of State Corporation Registration &
6. ____ Humane Discourse Pledge
7. ____ Latest 990 filing
8. ____ ID Registration Forms $ 1 2 3 4

ODA registration is required for all rescue groups regardless of state of operation.

& If your organization is incorporated outside of Ohio, please include your state's corporate registration.

$ You may submit up to four (4) ID forms for authorized persons.

Please insure that you have included all documents on the list above.

Received and verified _____ Date _____

RESCUE PARTNER ID FORM
Please print all information

The below listed person is approved to pull animals from the Montgomery County Animal Resource Center. 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. This ID shall not be transferred, shared or otherwise utilized by any person within the organization.

First Name _____ Last Name _____

Organization Name _____

Title or position _____

Contact Email _____ Telephone _____

Date of Birth _____ Last Four SSN _____

Approval by organization representative _____

Chameleon ID ORG#_____ Person#_____

Approved by _____ Date _____

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