



Transfer Partner Application

Name of Organization: _____

Date Application Submitted: _____

Are you a registered 501(c) 3 non-profit: _____

Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Website: _____ E-mail: _____

Phone: _____ Fax: _____

Number of years in operation: _____ Fosters: _____

Number of intakes last year: _____ Number of adoptions: _____

Contact information

Primary Contact: _____ E-Mail: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Names of people in rescue allowed to pull dogs:

1. _____
2. _____
3. _____
4. _____
5. _____

Dogs/Cats Accepted

Breeds accepted into rescue: _____

Are mixes accepted: _____

Are there any specific breeds you will not take?

Will you take in animals with medical conditions?

Are there any medical issues you will not treat?

Will you consider taking in animals with behavior issues?

Are there any behavior issues you will not take into the rescue?

How many dogs can you collectively house? _____

How many cats can you collectively house? _____

Housing

What type of housing methods are used for the animals in your care?

Does your organization visit/screen foster homes?

Does your rescue have a limit on the number of animals in your care?

Please list the vet clinic that your rescue uses:

Clinic Name: _____

Vet name: _____

May we contact them as a reference? _____

Please provide information on the trainer and type of training you use when working with the animals in your care:

Trainer name: _____

Type of training used: _____

Other information:

What circumstances would your organization deem an animal is unadoptable to the general public?

If you deem an animal is unadoptable, would euthanasia be an option? _____

Please describe circumstances under which euthanasia is an option:

Does your organization screen dogs for behavior problems:

What is your return policy for adopted dogs?

Please attach copies of the following documents used by your rescue group:

1. Proof of 501(c)3
2. State Non-Profit papers
3. Mission Statement
4. Adoption Application
5. Foster Application

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 LISTED IN THIS APPLICATION OR ITS ATTACHMENTS FOR REFERENCE PURPOSES.

Authorized Signature

Date

Printed Name

Title

Please return this completed Application and documents to:
Jodi Harding- Rescue Coordinator
Toledo Area Humane Society
1920 Indian wood Circle
Maumee, OH. 43537