



THE HUMANE SOCIETY  
OF THE UNITED STATES

## The Humane Society of the United States *Emergency Placement Partners Application*

*Thank you for taking the time to complete this application. The information will remain confidential and used only as part of The HSUS Emergency Placement Partners (EPP) program.*

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_ Website \_\_\_\_\_

Primary email \_\_\_\_\_

Please check which description best fits your organization:

- Govt. Agency       Private Org.       Private Org. w/ govt. contract
- Rescue Group       Breed Specific Rescue       Sanctuary       Other \_\_\_\_\_

Is the organization a registered 501(c)(3) non-profit? \_\_\_ Yes \_\_\_ No Tax-exempt ID # \_\_\_\_\_

What is your annual operating budget? \_\_\_\_\_ Number of years in operation \_\_\_\_\_

Does your organization have liability insurance specific to animal welfare organizations? \_\_\_ Yes \_\_\_ No

Annual animal intake: \_\_\_\_\_ Annual number of adoptions: \_\_\_\_\_

### **Contact information**

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Animals Accepted**

The organization provides placement for the following type(s) of animal(s):

- Dogs     Cats     Rabbits     Small Animals (hamsters, gerbils, guinea pigs, ferrets)
- Domesticated Birds (parakeets, canaries, finches)     Exotic Birds     Reptiles
- Equine (horses, mules, donkeys)     Pigs     Cattle     Goats     Sheep
- Chickens/Turkeys     Other \_\_\_\_\_

Will the organization consider taking animals with medical conditions? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide any exceptions to this policy.

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Will the organization consider taking in animals with behavior problems? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify what behaviors are accepted and what sort of training or rehab is provided:

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Are senior animals accepted? \_\_\_\_ Yes \_\_\_\_ No    Comments: \_\_\_\_\_

Please list any additional restrictions (including breed restrictions): \_\_\_\_\_

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**Housing**

How many animals can the organization collectively house? \_\_\_\_\_

Please describe the housing methods used for animals in the organization's care:

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Does the organization make use of foster homes? \_\_\_\_ Yes \_\_\_\_ No

Does the organization use private boarding facilities? \_\_\_\_ Yes \_\_\_\_ No

**Community Relationships**

Please list the veterinary clinic and veterinarian associated with the organization that we may contact for a reference:

Clinic name \_\_\_\_\_

Veterinarian \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Please list other shelters or animal welfare organizations your organization is currently working with that we may contact for a reference:

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

**Other Information**

What is the organization's spay/neuter policy? \_\_\_\_\_

\_\_\_\_\_

Are you able to transport multiple animals? \_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_

What type of vehicle is used for transport (ventilation, air-conditioning/heat, stationary caging)?

\_\_\_\_\_

How far are you able to travel to pick up animals? \_\_\_\_\_ Miles

I certify that the information given is complete and accurate to the best of my knowledge. I also acknowledge that acceptance into the *Placement Partners* program does not imply endorsement. The terminology used to describe participating organizations does not infer any legal partnership or joint venture and neither The HSUS nor the *Placement Partner* shall suggest or indicate that one exists or hold itself out in that fashion. I certify that I am authorized to sign this Application on behalf of the aforementioned organization.

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Please feel free to attach a separate sheet of paper if you would like to provide additional information.

## **Emergency Placement Partners Documents Check Off List**

As part of the EPP application process, please provide us with the following:

**Any *one* of the following documents:**

- Copy of last annual report to the State Veterinarian
- Copy of last similar or applicable report to other local or state regulatory agency
- Copy of last inspection report from local regulatory agency
- Copy of letter of endorsement from national or regional breed association
- Copy of letter of reference from licensed veterinarian *and* letter of reference from another local humane organization, local government officials or state professional association

**All of the following documents (required for nonprofits / as applicable for agencies):**

- Copy of mission statement, by-laws and any written policies (with a focus on core policies instead of daily operations)
- Copy of 501 (c)(3) letter of determination
- Copy of adoption application form
- Copy of adoption contract
- Copy of foster agreement form (if foster homes are used)
- Copy of informational material or brochure
- List of board members with contact information

**Please return the completed application form and all necessary documents to:**

**The Humane Society of the United States  
Emergency Placement Partners Program  
Attn: Kim Alboum  
PO Box 775  
Pittsboro, NC 27312  
kalboum@hsus.org**

Check here if you would like to receive Scoop, an e-newsletter from animalsheltering.org and Humane Society University, brought to you by The Humane Society of the United States.