



**Rescue Placement Program Application
Animal Welfare League
10305 Southwest Highway
Chicago Ridge, IL 60415
Rescue.program@animalwelfareleague.com**

The Animal Welfare League (AWL) Placement Program is an effort with private organizations to place adoptable animals. Organizations visit our facility daily and take animals that have met the legal holding period. These animals may not have been evaluated by our shelter or veterinary staff, but may be available for transfer by an organization that chooses to take them.

AWL maintains the right to deny an application based on findings and/or limits the number of AWL partners at any time.

CONTACT INFORMATION

The information you write in this section will be available to the public through the Freedom of Information Act.

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ County: _____

Are you a National Organization: Yes No Website: _____

STATEMENT OF PROGRAM GOALS

Please state your goal for the number of animals you will attempt to transfer from AWL annually: _____

Why do you want to transfer animals from AWL: _____

LICENSE INFORMATION

Please submit a copy of all of your current license(s)/permits - ie. Dept of Agriculture, 501 c3, business license, Sec of State.

State of incorporation, state of formation, or state of organization: _____ Do you have a 501 (c)(3)? Yes No

Form of business entity (ie: corporation, not for profit corporation, partnership, limited liability company, etc): _____

State(s) where operate: _____

For applicants located outside of Illinois, does your state require licensing for the services you provide (i.e. animal shelter, animal rescue, etc)? Yes No What does your state require?: _____

If yes, please provide applicable licensing information: License Number: _____ State Agency: _____

If applicant is located outside Illinois and animal is being fostered in Illinois, please provide Foster license where animal is being housed: _____

ABOUT YOUR ORGANIZATION

Mission Statement: _____

List species, specific breeds that you will pull from AWL: _____

Does your organization have the resources to accept specialty medical cases: Yes No

Do you have any animal breed or type (medical, behavior, species) restrictions when pulling: Yes No

If yes, what are your restrictions? _____

How does your organization track animal inventory (intake/outcome): _____

Animal Intake previous year: _____ Number of adoptions from previous year: _____

Number of years in operation: _____ Staff Members: _____ Volunteers: _____

Type of services offered by your organization: (check all that apply)

Adoption Rescue Foster Referral/Transfers Breeder Other _____

Type of housing offered: (check all that apply)

Foster Homes Indoor Kennels Outdoor Kennels Boarding Private Kennel/Cattery Other _____

If housed at a kennel, boarding facility, or cattery, what is the name, location and how long are animals kept at this location:

How does your organization obtain animals: Owner Surrenders Strays Transfer (Please list any Chicago Area shelters you partner with) Other _____

If you have a facility, list facility capacity (do not include foster homes): Dogs: _____ Cats: _____ Other: _____

If you have foster homes, please list number of fosters: _____ Which state(s) are your fosters located: _____

Are there circumstances under which you would deem an animal to be non-placeable with the general public? Yes No If

yes, is euthanasia an option at your organization? Yes No

Under what circumstances would euthanasia be an option? _____

Do you spay/neuter all animals before releasing to a new adoptive home? Yes No

If no, what animals do you release unsterilized, when would they be sterilized, and how do you verify?

What is your adoption fee and what services do you provide for that fee? _____

Where do your adoptions take place: _____

For out of state organizations: How do you plan on transporting animals from AWL into your state?: _____

CONTACT INFORMATION/AUTHORIZED REPRESENTATIVES:

Please complete for each person acting on behalf of the organization. These will be the only people allowed to place holds, request status information and transfer animals from AWL. No more than 6 representatives are allowed. Each member listed below is REQUIRED to sign the Confidentiality Agreement and Code of Conduct prior to being approved to work with AWL (See Pages 4- 6).

PRIMARY CONTACT

It is preferred that the primary contact be the president or vice-president of the organization.

Please indicate preferred method of contact with a ().*

Name and Title: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

REFERENCES: All references should have had a minimum of a 6 month partnership to be considered a reference.

References can sometimes take time for AWL to review pending response of the reference. To expedite your references, we strongly encourage your organization to submit references along with the application.

The below reference listing is for any other reference *not* submitted along with the application:

Veterinary References - *(Please provide veterinarians/clinics your organization uses)*

Name of Clinic and Contact Person _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Name of Clinic and Contact Person

Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Email _____

Shelter References - *(Please provide names of other AC's, shelters, organizations that you transfer animals from).*

Name of Shelter: _____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Name of Shelter: _____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Foster References - *(Please list contact information for fosters of your*

organization) Name of Foster: _____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Email: _____

Name of Foster: _____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Email: _____

Training/Boarding References - *(Please provide contact information for additional services your organization utilizes if applicable)*

Name of Facility: _____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Name of Facility: _____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Please be aware that references will be checked and statistical information may be requested on transferred animals prior to approval of your application. Statistical information may include but is not limited to the number of animals adopted, number of animals euthanized, number of animals transferred to licensed rescue, number of animals relocated.

CONFIDENTIALITY AGREEMENT

The **Animal Welfare League**, has agreed to allow _____ (transfer group's name) to transfer animals from the **Animal Welfare League** on the date the application is approved.

I, as a representative of the transfer group listed above, hereby acknowledge that during the course of, transfer groups name listed above, activities and or related to AWL, some of the information that I handle may be privileged, confidential and exempt from disclosure under applicable law. I acknowledge that any dissemination, distribution or copying of this information for any purpose other than for what it is intended, is strictly prohibited.

I, as a representative of the transfer group listed above, also agree that under no circumstances during my temporary assignment or thereafter, for as long as said information remain confidential, will I break this Confidentiality Agreement without written consent from the **Animal Welfare League**. The information provided for your group may be FOIA (Freedom of Information Act) requested at any time from the AWL.

The information provided above, or future updates to your information, may be provided in response to a request of information about a transferred animals or information on transfer partners with AWL.

CODE OF CONDUCT

Animal Welfare League ("AWL") is committed to high ethical and legal standards, and the principles of respect, compassion, fairness and dignity in all its animal control and sheltering interactions, and in its interactions with volunteers, transfer agencies, employees and the public. Dedicated rescue agencies are essential for helping AWL uphold this commitment, and AWL is grateful for each dedicated group. AWL can be a physically and emotionally challenging place to work in. Notwithstanding, all individuals agree to abide by the following Code of Conduct:

- I will abide by all rules, policies and procedures with Animal Welfare League.
- I will treat each AWL manager, employee, volunteer, and member of the public served by AWL with respect & dignity.
- I will treat all animals with compassion & respect, and NEVER intentionally harm an animal.
- I will not disrupt or interfere with the daily work of AWL managers or employees except for emergencies, or engage in confrontational, discourteous, or harassing behavior with any AWL manager or employee.
- I will not enter restricted areas of the facility unless I request permission and obtain it, and am accompanied by a AWL manager or employee.
- If I am unsure of an answer, policy, or procedure or have a concern/complaint, I will defer to AWL's Rescue Coordinator, Shelter Manager, or designee.
- I will alert AWL's Rescue Coordinator, Shelter Manager or designee of any health or behavioral concerns, or kennel condition concerns that I may have about any animal in the facility.

Each organization is required to ensure that all members of their organization, including but not limited to staff, volunteer and foster parents, abide by the AWL Policy. It is the responsibility of each rescue organization to ensure that its members follow AWL's Policy. Failure to follow the Policy by any member may be grounds for automatic termination of the member and/or group from the AWL Rescue Placement Program.

I have read and understand the Animal Welfare League (AWL) Rescue Placement Policy, Confidentiality Agreement, and Code of Conduct. I agree to abide by them and I understand that my transfer agency service can be terminated by AWL management at any time, with or without notice. I understand that it is each group's responsibility to ensure that each member of its organization knows, understands and abides by these policies.

I attest that information in this document is true and accurate to the best of my knowledge. By signing below I agree that I am authorized to speak on behalf of said organization and all of its representatives.

Authorized Representative 1 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 2 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 3 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 4 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 5 Signature: _____ Date: _____

Printed Name: _____

Application Submission Checklist:

- Application filled out in completion
- Applicable licenses/permits (ie: Dept of Agriculture, 501 c3, business license, Sec of State)
- References (see page 3 for information)
- Any other supplemental information (handouts, flyers, foster or adoption application, etc) if you'd like to provide

Once completed, please submit this application to

**Animal Welfare League
10305 Southwest Highway
Chicago Ridge, IL 60415
ATTN: Rescue Coordinator**

or email to rescue.program@animalwelfareleague.com or faxed to (708)636-9488.

The preferred method of submission of all documents is via email

Any questions please email rescue.program@animalwelfareleague.com

TO BE FILLED OUT BY ANIMAL WELFARE LEAGUE

Name of employee that received application: _____

Date received application: _____

State license: _____

501c3: _____

City License: _____

Application approved: Yes No By: _____