

## Rescue Partner Profile



The Bucks County SPCA Rescue Partner Program is a crucial component of our lifesaving mission. We appreciate the opportunity to work together with other groups for the good of the animals. To apply to become a Bucks County SPCA Rescue Partner, please complete this form and provide the listed documentation to help us get to know more about your organization so that we can work together more efficiently.

Return all documentation to [behavior@buckscountyspca.org](mailto:behavior@buckscountyspca.org) or by mail to Attn: Director of Animal Behavior, Bucks County SPCA, 60 Reservoir Road, Quakertown, PA 18951.

- ☐ Completed Rescue Partner Profile
- ☐ 501(c)(3) status if applicable, submitted 501(c)(3) application, or veterinary business license
- ☐ Adoption application and/or a description of the adoption counseling process and agreement
- ☐ Spay/neuter policy
- ☐ Euthanasia policy

### ORGANIZATION:

NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
EMAIL	PHONE	
PHYSICAL ADDRESS (If different from mailing)		
CITY	STATE	ZIP

### CONTACT #1:

NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
EMAIL	PHONE	

### CONTACT #2:

NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
EMAIL	PHONE	

Please list any organizations you have transferred animals to over the past year (other than an adopter):

What is your return policy?

Which software or database management system, if any, do you use to track the animals in your care?

How many animals entered your program in the last calendar year?

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

Is your organization: ☐ Open Admission ☐ Limited Admission, please list limitations:

How many foster homes did you have in your program at the beginning and end of last year?

Beginning: \_\_\_\_\_ End: \_\_\_\_\_

How many animals were in your organization at the beginning and end of last year (including in shelter and foster)?

Beginning: \_\_\_\_\_ End: \_\_\_\_\_

How many animals in the past calendar year were successfully placed into permanent homes (adopted)?

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

Describe how you determine a limit on the number of animals allowed in your program at any given time:

What type of animals do you accept in your organization?

☐ Dogs ☐ Cats ☐ Other: \_\_\_\_\_

Do you prefer any specific breeds? \_\_\_\_\_

If yes, will you take mixes of those breeds? ☐ Yes ☐ No

Please share any type of medical conditions your group accepts:

- ☐ Dogs positive for heartworm
- ☐ Cats positive for FeLV
- ☐ Other, please list:

Please share any type of medical conditions that would make an animal ineligible for your group:

- ☐ Dogs positive for heartworm
- ☐ Cats positive for FeLV
- ☐ Other, please list:

Please share behavior-based conditions your group accepts:

- ☐ Resource guarding
- ☐ Litterbox issues
- ☐ Other, please list:

Please share behavior-based conditions that would make an animal ineligible for your group:

- ☐ Resource guarding
- ☐ Litterbox issues
- ☐ Other, please list:

Are there any age restrictions for animals entering your program?

Lower age limit: \_\_\_\_\_ Upper age limit: \_\_\_\_\_

Describe where animals will be housed after they leave the Bucks County SPCA:

☐ Foster homes    ☐ Boarding facility    ☐ Animal shelter    ☐ Other: \_\_\_\_\_

**PRIMARY VETERINARIAN:**

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

**EMERGENCY VETERINARIAN:**

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

**BEHAVIOR CONSULTANT OR TRAINER:**

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

*I agree that I have the authorization to enter into this agreement on behalf of the organization listed below, and that I have read and agree to all Bucks County SPCA policies outlined in this agreement.*

YOUR NAME

DATE

YOUR SIGNATURE

POSITION

ORGANIZATION NAME

BCSPCA REPRESENTATIVE

DATE

BCSPCA SIGNATURE