



Peninsula Humane Society & SPCA

Partner Group Application

Organization Name: _____ 501c3 ID# _____

Address (no P.O. boxes are accepted): _____

Mailing Address (if different): _____

Organization Phone: _____ Primary Contact Person: _____

Primary Contact Phone: _____ Primary Contact Email: _____

Organization Website: _____

What species does your organization accept? Describe in detail what types of medical and/or behavior issues your organization can accept (attach additional pages if needed): _____

Where are animals housed? _____

List name and full contact information for Veterinarian(s) used for animal care: _____

List full legal name, phone, email and physical address of up to two representatives authorized to accept animals on organization's behalf

1. _____

2. _____

Can you provide a letter of recommendation from your primary Veterinarian? _____

Can you provide a letter of recommendation from a local animal control agency or open admission animal shelter? _____

Has your organization ever had any criminal or administrative violations regarding animals? _____

Will your organization allow unannounced inspection of any and all foster homes and/or kennel facilities by PHS/SPCA staff? _____

Does your organization spay/neuter every dog, cat or rabbit prior to adoption? _____

Will your organization keep records of subsequent adoption of PHS/SPCA source animals for at least four years and provide complete copies of these records to PHS/SPCA upon request? _____

Will your organization provide a complete list of Individuals/Foster Homes (including name, street address, city, state, zip code, phone, email) authorized to house animals legally owned by your organization to PHS/SPCA on request? _____

Please send your completed form to Dayna Pesenti at dpesenti@peninsulahumanesociety.org