

Phoenix
Animal
Care
Coalition
911



PARTNER APPLICATION FORM

Date

Name of Organization:

Year group was founded:

Year group attained tax exempt status:

IRS EIN #

Director/President and or Founder:

Co-Founder:

Do you have a board of Directors?

Please attach a copy of your IRS determination of 501(c)(3) letter to this application.

What was the reason you became an animal rescuer?

How do you acquire your animals?

Do you have a primary focus regarding age, breed, animal circumstance that drives your intakes?

Are you a MCACC New Hope Partner? How Long?

Are you an AZ Humane Alternative Placement Partner? How Long?

Do you take strays off of the street, please explain?

Do you take Owner Surrenders, please explain:

Do you have a shelter? If no, where do the animals go after intake?

How many foster homes do you currently have?

How many animals do you generally have in your system at any given point in time?

What is your medical protocol on animals after intake?

Are all of your animals spayed or neuter before adoption?

Are there any exceptions, please explain:

Please explain your process to find adopters, match them to the right animal and finally do an adoption:

To maintain a partnership with PACC911 you will be required to attend 3 adoption events in a calendar year. Do you agree to that?

If you plan to bring animals to a PACC911 adoption event you must carry liability insurance. Do you agree to obtain an annual liability insurance policy with limits no less than \$1,000,000 per occurrence and \$2,000,000 aggregate and naming PACC911 as an Additional Insured?

Please attach your certificate of liability insurance to this application.

Please give us two references. **One needs to be a current PACC911 Partner:**

Reference #1: Phone Number:

Reference #2: Phone Number:

Primary Group Contact Name:

Address:

Phone Number:

Email Address:

Website:

Signature: _____