



## ACCT PHILLY LOVE LOCAL PARTNER APPLICATION

**Thank you for partnering with us to save the City's most at-risk animals.** ACCT Philly is the City's largest and only open-admission shelter, and accepts all animals that come through its doors: all strays, owner-surrendered pets (by appointment), and abandoned animals. ACCT Philly is also committed to saving healthy and treatable animals as far as its resources and capacity for care will permit. As a founding member of the No Kill Coalition, ACCT Philly is committed to working with partnering rescues and other stakeholders to achieve this goal and to sustain focus on the ongoing need at ACCT Philly to find swift opportunities for animals entering daily in all states of behavior, injury and health. We are committed to vaccinating all animals with age appropriate vaccinations; we will also provide additional services (spay/neuter, microchipping, testing) if our limited resources permit, but cannot guarantee these services.

Please complete the application and return to [lifesaving@acctphilly.org](mailto:lifesaving@acctphilly.org) with the documents requested below (see highlighted text) so we can start saving lives together!

### Contact Information

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Veterinary License OR Nonprofit Status and EIN Number (All Partners must be a 501(c)3 incorporation or private foundation with IRS tax-exempt status):** \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR VETERINARY CLINIC LICENSE, A DETERMINATION LETTER (APPROVED) OR FORM 1023 (IN PROCESS) WITH YOUR APPLICATION. IF YOU ARE A PRIVATE FOUNDATION, PLEASE PROVIDE A COPY OF YOUR MOST RECENT 990-PF.**

## Authorized Representatives

Authorized Representatives refer to individuals who are authorized to act and speak on behalf of the Love Local Partner (hereinafter "Partner"). Authorized Representatives will receive communication of transfer-eligible animals, and are authorized to enter transfer agreements with ACCT Philly and make decisions on behalf of the Partner. You may have up to two additional Authorized Representatives. Please be sure to contact [lifesaving@acctphilly.org](mailto:lifesaving@acctphilly.org) if you need to change or remove representatives.

**Partner President or Director:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Authorized Rep #1:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized Rep #2:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERENCES

Please provide the information requested below in full. The reference contact names should be for people who are familiar with your organization's work. If you are a newer organization, or a brand new rescue, please provide a character reference from someone who is familiar with your work in animal welfare.

**Primary Veterinarian:**

Phone: Email:

Address:

City: State: Zip:

**Reference #1:**

Primary Contact: Position: Phone: Email:

Address:

City: State: Zip: Relationship with shelter/rescue:

**Shelter/Rescue Reference #2:**

Primary Contact: Position: Phone: Email:

Address:

City: State: Zip: Relationship with shelter/rescue:

**Local Animal Control Provider:**

Name of Animal Control Provider:

Phone: Email:

Address:

City: State: Zip:

## **OPERATING DETAILS (Four Questions)**

**1) Year Established:**

**2) Annual Budget:**

**3) Number of Animals Handled Annually:**

**4) Type of Rescue Organization (Please tell us if you have a facility, use boarding facilities, are foster based, or a combination thereof):**

**IF YOU HAVE A FACILITY PLEASE PROVIDE US WITH A COPY OF YOUR KENNEL LICENSE.**

**What type of animals are you expecting to transfer from ACCT Philly? (Please check all that apply)**

- Bottle-feeder kittens □ Bottle-feeder puppies □ Kittens without mother □ Puppies without mother □ Kittens with mother □ Puppies with mother □ Cats suffering from illness/disease □ Dogs suffering from illness/disease □ Cats suffering from injury/trauma □ Dogs suffering from injury/trauma □ Healthy and Social cats □ Healthy and social dogs □ Senior cats □ Senior dogs
- Small animals □ Small breed dogs □ Farm animals □ Large breed dogs □ Reptiles and Exotics □ Breed Specific:

## LOVE LOCAL PARTNER AGREEMENT

ACCT Philly is committed to partnering with all Partners in the spirit of mutual respect and civility, and expects the same from all Partners, whether in person, in print or in social media. ACCT Philly is committed to discussing all concerns directly with our Partners, and Partners agree to discuss concerns with ACCT Philly. Our goal is positivity and optimism, especially in the difficult but rewarding business we all find ourselves in!

### **ACCT Philly's core values of Transparency, Respect, Innovation, Commitment, Empathy, and Professionalism**

guide the Agreement between ACCT Philly and our Partner. By signing this agreement, you as a Partner agree to abide by them and the tenets of this Agreement below.

#### TRANSPARENCY

◆◆ Partner acknowledges that ACCT Philly will provide to the best of its ability all animal-related information that it has in its PetPoint shelter management system (medical and behavioral notes), but makes no express or implied warranties about the health or soundness of the animals transferred and makes no guarantees as to the behavior or disposition of animals transferred.

◆◆ Partner will disclose the full, available medical and behavioral PetPoint history of the transferred animals, including any known health or behavioral issues, to their fosters, adopters, and the general public.

◆◆ Partner represents that neither they (i.e., anyone in their organization) nor any of their Authorized Representatives have ever been convicted of animal abuse, neglect or cruelty under any municipal or county ordinance or state law in any state.

◆◆ Partner will maintain a veterinarian of record, or a relationship with a veterinarian or veterinary practice and provide ongoing health care for animals transferred while in the Partner's care.

◆◆ Partner will facilitate and authorize the sharing of medical information between organization's veterinarians of record, and that of ACCT Philly veterinarians.

◆◆ Partner will notify Lifesaving Manager prior to making a euthanasia decision of a transferred animal for

behavioral reasons, unless the Partner determines that the animal is an imminent threat to people and in that instance will notify the Lifesaving Manager within 24 hours following the euthanasia of the animal. ACCT recognizes that medical euthanasia will be determined by the Partner's veterinarian.

❖❖ Partner will notify Lifesaving Manager prior to placing a transferred animal with another organization, and will provide the identity of that organization to the Lifesaving Manager.

❖❖ Partner will notify Lifesaving Manager, with 24 hours notice, if a transferred animal must be returned and disclose full history of animal.

❖❖ Partner will maintain an accurate "Authorized Representative" list on file with ACCT Philly of those who are authorized to select animals for transfer and act on behalf of their organization.

❖❖ Partner will maintain accurate and appropriate adoption and veterinary records of all animals transferred from ACCT Philly for a minimum of 2 years.

❖❖ Upon request of ACCT Philly, Partner will provide ACCT Philly with records relating to the care, placement, treatment, and sterilization of transferred animals.

❖❖ Partner will permit the Animal Care and Control Team of Philadelphia to inspect Partners' facilities, with reasonable notice, during business hours.

#### RESPECT AND EMPATHY

❖❖ Partner will treat ACCT Philly's and ACCT Philly's other Partners' volunteers, employees, and representatives, with respect, civility and professional courtesy in personal dealings and on social media. If a Partner has an issue with ACCT Philly staff, volunteers or other partners, they agree to come to ACCT Philly and discuss their concerns, and make efforts to resolve these concerns civilly.

❖❖ Partner will address all concerns or complaints to the Lifesaving Manager or the Director of Life Saving or Operations.

❖❖ Partner will sign medical waivers for all medically urgent animals, and pursue immediate veterinary treatment to assess all animals transferred and to provide remedial and veterinary care, as needed.

❖❖ Partner will address any medical or behavioral problems that the animals transferred may have, and ensure that animals are housed and cared for in an environment that is suitable to their needs.

❖❖ Partner will provide animals transferred with nutritionally adequate food, clean water, and exercise sufficient to maintain the health and well-being of the animal.

#### INNOVATION AND COMMITMENT

❖❖ Partner will ensure that all animals are spay/neutered, prior to placement for adoption, unless in the determination of a veterinarian this surgery would jeopardize the health or life of the animal.

◆◆ Partner will pay for any expenses incurred relating to the veterinary care and basic husbandry needs of the animals transferred, and will not claim any reimbursement of these costs and expenses from ACCT Philly.

◆◆ Partner may surrender animals back to ACCT Philly in the event an animal's behavior is such that the rescue deems the animal to be a danger to public safety; ACCT Philly will then euthanize that animal.

◆◆ Partner will pick up, or arrange pick up for, transferred animals within 24 hours of committing, unless the Partner arranges a different time frame with Lifesaving Manager.

◆◆ Partner will participate in an annual recertification review to renew Partner status if requested to do so by ACCT Philly.

◆◆ Partner will make a lifelong commitment to animals transferred into their programs, and will retrieve any animals at ACCT Philly that were previously owned by or transferred to their organization.

#### PROFESSIONALISM

◆◆ Upon transfer of an animal to the Partner, Partner agrees to assume complete ownership of the animal, and all legal responsibility and any liability associated with the animal, and accepts the animal as-is.

◆◆ Partner may not engage in transfer activities while involved in a criminal case involving animal cruelty or neglect.

◆◆ Partner will provide for the sale of a dog license to any resident of Philadelphia who is adopting a dog.

◆◆ Partner must transfer animals for care and adoption through their own programs. Partner will not transfer animals from ACCT Philly with the specific intent of placing that animal with another organization.

◆◆ Partner will comply with any federal, state, and local laws, applicable to animals.

◆◆ Partner agrees to indemnify, release, and forever discharge and hold harmless ACCT Philly, its board members, officers, employees and volunteers, and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Love Local Partner Program activities with ACCT Philly or the transfer of animals.

◆◆ Partner will waive and forfeit any and all claims that the Love Local Partner Organization or representatives may have in the future against the Animal Care and Control Team of Philadelphia.

◆◆ Partner ensures that all Authorized Representatives have read through the Love Local Partner Manual, and have filled out and submit a Love Local Partner Manual Acknowledgement form to the Lifesaving Manager.

**Signature**

**Printed Name**

**Title**

**Date**

**DID YOU ENCLOSE EVERYTHING?**

**\_\_\_ COMPLETED COPY OF LOVE LOCAL PARTNER APPLICATION AND AGREEMENT**

**\_\_\_ IF YOU ARE A 501(c)3, A COPY OF A DETERMINATION LETTER (APPROVED) OR FORM 1023 (IN PROCESS) WITH YOUR APPLICATION.**

**\_\_\_ IF YOU ARE A PRIVATE FOUNDATION, A COPY OF YOUR MOST RECENT 990-PF.**

**\_\_\_ IF YOU HAVE A BOARDING FACILITY, COPY OF YOUR KENNEL LICENSE**

**\_\_\_ IF YOU HAVE A VETERINARY PRACTICE, COPY OF YOUR VETERINARY LICENSE**

**THANK YOU!**