



## LOVE LOCAL PARTNER MANUAL ACKNOWLEDGEMENT

This is a form whereby you (Love Local Partner Authorized Representative) acknowledge receiving and agree to the terms in the Animal Care and Control Team's (ACCT Philly) Love Local Partner Manual (MANUAL).

- I hereby acknowledge receipt of the MANUAL and have been given the opportunity to ask questions about it.
- I understand and agree that it is my responsibility to become familiar with all contents of the MANUAL and to abide by the policies, procedures, and requirements listed therein, and agree to have read it in full prior to transferring any animals from ACCT Philly.
- I recognize that failure to abide by, or abuse of, any of the policies or procedures of ACCT Philly could lead to termination of transfer privileges. I also understand and acknowledge that my organization's relationship is terminable at will, either by myself or ACCT Philly, at any time.
- I also understand that as required, ACCT Philly reserves the right to modify or eliminate these summarized policies and procedures or any policy, practice or procedure at any time, without notice.

**LOVE LOCAL PARTNER ORGANIZATION NAME**

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**ORGANIZATION ADDRESS, CITY, STATE, ZIP**

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**AUTHORIZED REPRESENTATIVE NAME (PRINT)**

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**AUTHORIZED REPRESENTATIVE SIGNATURE & DATE**

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**ACCT PHILLY STAFF SIGNATURE & RECEIPT DATE**

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