

ADOPTION PARTNER APPLICATION 2021

Group Name:	501(c)(3) ID#:	<i>(attach copy of status)</i>	
Address (No P.O. Boxes will be accepted):	City:	State:	Zip:
Telephone #:	Fax #:		
Primary Contact Person:	Email:		
Website:			
Kennel address			
Address:	City:	Zip:	
Total # of Runs Indoor: Outdoor:	Covered:	Uncovered:	<input type="checkbox"/> N/A
What is the maximum number of animals to be housed:	At this location: _____	In foster homes: _____	
Do you have an animal permit/kennel permit to house multiple animals at this location? Yes or No			
If yes, what agency, city or county issued the permit:			
Permit number:	Expiration date:	/ /	<i>(attach copy of permit)</i>
Veterinarian(s) used for animal care. Attach additional pages if needed.			
Veterinarian:	Clinic:		
Address:	City:	Zip:	
Telephone #:	Fax #:	Email:	Website:
List two Animal Control agencies that we may contact as a reference for your organization (include your contact's name and phone number)			
1.			
2.			

I certify that all information provided is true, complete, and correct.

- I agree to contact the County of Orange, OC Animal Care (OCAC) with an update when a change in any contact information occurs.
- I agree, on behalf of the organization listed above, to maintain 501(c)(3) status and proper permits.
- I agree to notify OCAC immediately if the group's status should change and forward any updated or amended 501(c)(3) documents to OCAC immediately upon request thereof.
- I will complete reports requested by the department in a timely manner.
- I will provide certificates of sterility for every unaltered animal adopted within two months of adoption.
- I will assure that all representatives of the organization will not to interfere with shelter operations when visiting OCAC.
- I will assure the humane treatment of all animals released to me or my designees.
- I will assure that all representatives of the organization will comply with all local and state laws as they pertain to code compliance and humane animal care.
- I acknowledge that an OCAC enforcement officer has the right to inspect and/or visit the foster/kennel location(s) unannounced at reasonable times.
- I understand that status as an Adoption Partner is a privilege and that OCAC can revoke both my Adoption Partner privileges and/or any member of my organization's ability to adopt at anytime.
- I understand that any information regarding my organization may be shared with other agencies.

Signature: _____ Date: _____

Print Name: _____ Title: _____

For Office Use Only			
Date Received:	PID #:	Date Reviewed:	Reviewed By:
501(c)(3) final status received:		History Check Completed:	
Property Inspection Completed:		Results:	