



Help Every Animal Reach Tomorrow

Placement Partner Application

1275 Bower Parkway • Columbia, SC 29212

m: (803) 767-6104 • p: (803) 407-0991 • f: (803) 407-0996

info@heartofthemidlands.org • www.heartofthemidlands.org

Rescue Group Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Number: (____) _____ Alternate Contact Number: (____) _____

Email: _____ Group's website address: _____

Please list all people within your group that have decision-making powers to confirm animals from HEART.

Name	Address	Phone	Email

Please list all representatives within your group who are authorized to pick up animals from HEART.

Name	Address	Phone	Email

References: Please provide at least one reference in each category.

Category	Name	Phone	Email
Veterinarian			
Municipal Shelter			
Other Rescue Group			
Personal			

Please answer ALL questions below.

GENERAL INFORMATION

How long has your organization been involved in animal placement? _____

In what species of animals do you specialize? _____

In what breeds do you specialize? _____

Do you have any restrictions on species/breeds you will NOT accept? _____

Are you: non-profit IRS 501 (c)(3) corporation other _____

Please describe the type of services you provide:

_____ Foster until placement If yes, how many foster homes do you have? _____

_____ Referral service only

_____ Shelter/kennel facility If yes, how many kennels/runs do you have? _____

_____ Transfers If yes, please attach description of transfer program.

_____ Other (please explain) _____

Can you provide veterinary care for sick or injured animals? YES NO
If yes, please explain how you will find and provide the necessary funding to treat additional medical conditions. _____

Do you have preventative /wellness medical protocols? YES NO
If yes, please explain or attach these protocols. _____

Do you require all of your animals to be altered prior to placement? YES NO
If not, describe under what conditions you place intact animals. _____

If not, what measures do you take to ensure your animals have been altered after placement.

If necessary, do you euthanize animals accepted to your rescue? YES NO
If yes, for what reasons would you consider euthanasia? _____

Please list all of your sources for animals besides HEART: (e.g. other groups, shelters, general public):

CAPACITY

Where will your animals be housed? (please be specific) _____

How many animals do you plan to transfer from HEART in the next year? _____

How many animals do you have in your possession currently? _____

How many animals do you maintain in your group's possession on average? _____

How long, on average, does an animal stay in your custody before adopted? _____

How much money do you plan to spend on each animal on average? _____

ADOPTIONS

What is your placement/adoption procedure? (Check all that apply)

Written adoption application

Open Adoption (personal interview)

Veterinary background check

Landlord approval and/or home ownership verification

Home visit

Fenced yard required

Accept returns at any time

Accepts returns unless there is a health/behavior issue

Does not accept returns

Other reference checks (personal)

Post Adoption follow up (please check your method below)

home visit

mail

phone

none

Will you place an animal to be an outdoor pet?

YES

NO

If yes, do you have restrictions on what is an acceptable outdoor home? (please explain)

BEHAVIOR PROGRAM

Describe how you will ensure each animal will receive the appropriate levels and types of exercise, environmental enrichment, human interaction, socialization and training. _____

Is your organization planning to take animals with significant behavior problems?

YES

NO

If no, skip to the next section.

If yes, what serious behavior issues is your organization prepared to handle?

significant housebreaking

significant litter box

significant leash walking

excessive barking

fearful behavior

early socialization (feral/taming)

separation anxiety

phobias

aggression

WE WILL BE UNABLE TO PROCESS YOUR APPLICATION UNTIL WE HAVE RECEIVED ALL NECESSARY PAPERWORK.

THANK YOU FOR YOUR COOPERATION.

PLEASE INCLUDE:

- Completed and signed application.
- Signed copy of Placement Partner Guidelines.
- Mentor Letter (if necessary per guidelines)
- Mission Statement
- Copy of your 501 (c)(3), if applicable.
- Examples of your adoption application/agreements.

PLEASE PROVIDE THE FOLLOWING:

A brief description of how you promote your animals.

A brief description of your adoption screening process, policy on home visits, counseling provided to adopter and transfer of ownership procedures.

A brief description of your adoption follow up programs.

A brief description of relationship with all retailers (i.e. PetsMart, Petco, etc.), when and how do adopters interact with your animals.

A brief description of your behavior plan.

A brief description of your foster program.

A brief description of your medical program.

Once your application has been reviewed, you will receive a notice of acceptance or refusal from the program coordinator(s). Please review the following information carefully:

- HEART reserves the right to refuse placement of animals to a rescue placement group without explanation if it deems it to be in the best interest of the animal and/or the rescue placement groups shelter.
- The rescue placement group understands that HEART makes no guarantee on behavior, temperament, health or pet potential of an animal.
- Most correspondence with HEART is done through email. Animals must be confirmed by emailing the program coordinator at info@heartofthemidlands.org with the animal ID number, name and any other pertinent information, including the name and email address of the rescue group contact.
- HEART does not offer billing services. Payment for rescue pets are expected to be made at the time the animal is confirmed and no later than the time of pick up.
- Placement Partners are required to provide a monthly inventory of animals obtained through the HEART program to HEART no later than the 10th of each subsequent month.
- By signing this application the Placement Partner herein noted releases HEART, Pawmetto Lifeline, its employees, volunteers, and assigns from any and all liability associated with its participation in the program.

Placement Partner name: _____ Date _____

Representative: _____

(print name)

(signature)



Help Every Animal Reach Tomorrow

A program sponsored by



giving shelter pets a new leash on life

-----OFFICE USE ONLY-----

REFERENCES VERIFIED BY: _____ DATE: _____

Vet Reference	PASS	FAIL	CONDITIONAL
Animal Shelter Reference	PASS	FAIL	CONDITIONAL
Rescue Group Reference	PASS	FAIL	CONDITIONAL
Personal	PASS	FAIL	CONDITIONAL

QUESTIONS REVIEWED BY: _____ DATE: _____

- Completed and signed application.
- Signed copy of Placement Partner Guidelines.
- Mentor Letter (if necessary per guidelines)
- Mission Statement
- Copy of your 501 (c)(3), if applicable.
- Examples of your adoption application/ agreements.
- Description of how animals are promoted.
- Description of adoption screening process.
- Description of adoption follow up programs.
- Description of relationship with retailers.
- Description of behavior plan
- Description of foster program
- Description of medical program
- Description of animal record keeping method

HOME VISIT REQUIRED? YES NO

HOME VISIT COMPLETED BY: _____ DATE: _____

PAPERWORK REVIEWED AND VERIFIED BY: _____ DATE: _____

COMMENTS:

CONCERNS:

DENIED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

REASON FOR DENIAL: