

What you need to provide

- Rescue Participation Requirements read and signed
- Code of ethics and conduct read and signed
- Organizational Profile completely filled out
- Copy of your current 501c3 status
- Animal Welfare Section verification proof
- Copy of your adoption contract
- Letter of reference from your rescue's county animal shelter/control

Rescue Participation Requirements

The following are the minimum requirements for becoming and remaining an approved rescue in good standing as it applies to rescue pricing, claiming of animals, and other considerations reserved for Iredell County Animal Services' approved rescues. By signing, the Animal Rescue Organization acknowledges they have read and understand these requirements. This document does not create nor infer any partnership or contract between any organization and Iredell County Animal Services ("ICAS").

1. All official correspondence from an approved rescue to ICAS related to the transfer of an animal must be sent via email to rescuepets@co.iredell.nc.us or by an approved representative in person.
2. Except when judged necessary by ICAS, animals (excluding lottery adoption animals) will be transferred to approved rescues on a first-come-first-served basis, based solely upon the time when the official email correspondence was received at rescuepets@co.iredell.nc.us.
3. While ICAS will make every reasonable effort to house claimed animals while an approved rescue arranges for foster or transport, ICAS does not guarantee the ability to hold animals when it creates a hardship due to circumstances at our Shelter. Until an approved rescue completes all required paperwork and takes possession of an animal, ICAS retains authority to determine the availability of any animal.
4. In order to be considered an approved rescue, an organization must provide ICAS a copy of its organizational mission, adoption standards and contracts, spay/neuter policies, and a list of designated representatives. The rescue must also update ICAS of any changes that incur in the rescue.
5. For rescues not located in the same county as ICAS, you must provide: letter of reference from the animal shelter/control of the county in which the rescue is located along with permission to contact that county's shelter/animal control to discuss rescue application.
7. Any organization, which receives an animal, from ICAS, with a medical problem, known, or unknown, will provide veterinary treatment for the animal, or will be removed from the approved list.
8. When requested, approved rescues will provide ICAS with placement information for any or all animals transferred from ICAS. Any approved rescue failing to provide this information will be removed from the approved rescue list.
9. This rescue organization agrees to allow any representative of ICAS to walk through their facility if/when the representative is in the area where the rescue organization is located.
10. You agree to the written code of conduct and ethics (attached) concerning behavior while at the shelter and concerning the animals in the shelter's care.
11. Falsification of any document or record, omission of relevant information or provision of misleading information concerning an animal, or any aspect of the rescue agreement is grounds for immediate termination of the relationship.
12. Either party can terminate the rescue/shelter relationship at any time.

(Organization Name)

(Representative's Signature and Date)

Code of Conduct

- All approved Rescue Partners and their affiliated members are required to act in a professional, ethical matter in person, on the phone, by email, or any social media platform. All communications must be in a respectful manner. Any Rescue Partner, or affiliated member, that is disrespectful or discourteous may be removed from the approved Rescue Partner list at Iredell County Animal Services. This includes all unprofessional and negative behavior directed toward Iredell County Animal Services on social media, public publishing, or any media platform.

- If an affiliated member of a Rescue Partner behaves in an unprofessional manner (in person, on the phone, by email, or any social media platform), the Rescue Partner will be contacted by Iredell County Animal Services. It is the Rescue Partners responsibility to remedy the behavior of the affiliated members of their group. If the Rescue Partner fails to resolve the concerns, the Rescue Partner may be removed from the approved list of Rescue Partners at Iredell County Animal Services.

(Signature)

(Date)

Organizational Profile

Questionnaire:

Name of Organization: _____

Main Contact Person and title: _____

Mailing Address for Rescue: _____

Physical Address for Group (such as for health certificates):

Phone Number for main contact person: _____

Main Email Address: _____

Website link: _____

Social Media outlets: _____

Additional representatives who you have approved to pull animals from our shelter on your behalf:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

What species of animals does your organization take in?

- Dogs
- Cats
- Equine
- Cows
- Birds
- Rabbits
- Ferrets
- Pocket Pets (Mice, hamsters, guinea pigs, etc.)
- Snakes/Lizards
- Fish
- Other _____

Organization Questionnaire

Please provide your organization's mission statement, or a brief description of your overall function:

Please complete the following:

1. How long has your organization been operating? _____
2. How many volunteers do you currently utilize? _____
3. What are your organization's requirements/limitations of pulling an animal (i.e. breed specific, do you take more than one breed, must be pure bred, allow mixes, temperament, health, size, etc.)

5. How does this organization house rescued animals?

- ___ a. Foster homes
- ___ b. Veterinarians
- ___ c. Group facility
- ___ d. Other (please explain) _____

List of references:

6. What veterinarians does your organization utilize?

Hospital Name: _____

Address: _____

Phone Number: _____

Hospital Name: _____

Address: _____

Phone Number: _____

Hospital Name: _____

Address: _____

Phone Number: _____

7. Please list the three most recent shelters with which your organization has worked/partnered:

Facility Name: _____

Address: _____

Phone Number: _____

Email address: _____

Main contact: _____

Facility Name: _____

Address: _____

Phone Number: _____

Email address: _____

Main contact: _____

Facility Name: _____

Address: _____

Phone Number: _____

Email address: _____

Main contact: _____

Questionnaire Continued:

8. Do you pull from your local county shelter? Yes / No

If not, why? _____

Please provide your local county shelter's information:

Facility Name: _____

Address: _____

Phone Number: _____

Email address: _____

Main contact: _____

9. Will your group accept animals with medical problems? _____

If yes, please explain. _____

10. Will treatment be provided prior to placement? _____

11. Does your organization require every animal to be spayed or neutered that comes through your organization?

Yes

No

If yes, is the surgery done before or after adoption?

Before

After

12. What is your organization's policy on animals that have bitten a person?

13. What other information would your organization like to provide in order for the ICAS to have a better understanding about you? _____

14. Is your organization required to be registered with your state's AWS (Animal Welfare Section), Department of Agriculture, etc?

If so, what organizations? _____

If not, why are you exempt? _____

Office Use Only

Required information received: Date _____

Group _____ Approved _____ Disapproved _____ Date _____

Added to Approved Rescue Database _____

ICAS Representative _____