



Iredell County Animal Services & Control Department

Thank you for your interest in saving lives by participating in the Iredell County Animal Services approved rescue program. Iredell County Animal Services' Rescue Participation Program is designed to increase live release, and promote pet adoption as the responsible alternative to supporting "backyard breeding" and "puppy mills". Iredell County Animal Services will work with approved groups to provide good homes to as many animals as possible. The Animals depend upon mutual support and open dialog between our organizations. Please read and complete the included documents at your earliest convenience, so we can begin working together to save lives right away!

This package contains the following documents:

- Rescue Participation Requirements
- Organizational Profile Submittal
- Organization Questionnaire

Please include the following when returning this acknowledgement:

- A copy of the organization's adoption requirements and contract.
- A current copy of the organization's status as a 501(c)3.
- Copies of any other pertinent information which may help the ICAS understand your organization's procedures.

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 adoption of an animal must be sent via email to rescuepets@co.iredell.nc.us
2. Except when judged necessary by ICAS, animals will be adopted 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 Emails received at this address take precedent over claims at the counter for any animal not already available for general adoption to the public.
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.
5. Unless ICAS has approved an alternate protocol, approved rescue groups are required to spay/neuter all dogs and/or cats adopted from ICAS prior to transferring ownership to any third party. Any approved rescue failing to provide written verification from a veterinarian after surgery is performed will be removed from the approved rescue list.
6. Any organization which adopts an animal with a medical problem, known or unknown, will provide veterinary treatment for the animal, or will be removed from the approved list.
7. When requested, approved rescues will provide ICAS with placement information for any or all animals adopted from ICAS. Any approved rescue failing to provide this information will be removed from the approved rescue list.
8. ICAS may visit sites where approved groups are kenneling or sheltering animal adopted from our shelter. Any approved rescues keeping animals in conditions not meeting the current state and local requirements, or any approved rescue refusing inspection will be removed from the approved rescue list .

This document is not a contract or agreement. By signing below you acknowledge you are an authorized representative of the rescue organization listed, and have read and understood the rules for participation as an approved rescue in the rescue adoption program at Iredell County Animal Services..

(Organization Name)

(Signature & Date)

Organizational Profile

Name of Organization: _____

Main Contact Person: _____

Mailing Address for Rescue:

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

Phone Number for main contact person: _____

Main Email Address: _____

What is the preferred method of contact? Email Telephone

Website link: _____

PayPal link: _____

Mailing address for donations: _____

Additional Representatives

1. Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Title & Authority within the organization: _____

2. Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Title & Authority within the organization: _____

3. Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Title & Authority within the organization: _____

4. Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Title & Authority within the organization _____

Organization Questionnaire

Organization Name: _____

Designated Representative: _____

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 support can your organization provide?

___ a. Referral only

___ b. Animal placement (accepting animals to rehome)

___ c. Breed specific information packets

___ d. Tattoo/ID tracing

___ e. Other _____

4. 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) _____

6. What veterinarians does your organization utilize?

Hospital Name: _____

Address: _____

Phone Number: _____

Hospital Name: _____

Address: _____

Phone Number: _____

Hospital Name: _____

Address: _____

Phone Number: _____

Hospital Name: _____

Address: _____

Phone Number: _____

7. Please list the 3 most recent shelters with which your organization has worked/partnered:

Facility Name: _____

Address: _____

Phone Number: _____

Email address (if available): _____

Main contact: _____

Facility Name: _____

Address: _____

Phone Number: _____

Email address (if available): _____

Main contact: _____

Facility Name: _____

Address: _____

Phone Number: _____

Email address (if available): _____

Main contact: _____

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

If not, why? _____

Please provide your county shelter's information:

Facility Name: _____

Address: _____

Phone Number: _____

Email address (if available): _____

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?

____. 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 is your organization's policy on animals that have bitten another animal?

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

Office Use Only

Required information received _____ Date _____

Group _____ Approved _____ Disapproved _____ Date _____

Added to Approved Rescue Database _____

ICAS Representative _____

