SPCA/Humane Society/Animal Rescue Group Supplemental Application

Nar	ne of applicant:			
1.	Does organization provide services as a shelter or pound for stray or abandoned animals for or on			
	behalf of municipal, county or local authorities?		☐ Yes	☐ No
2.	Does organization provide shelter and adoption services primarily for aggressive canine breeds,			
	including but not limited to; pit bulls, rottweilers, dobermans, chows, german shepherds, mastiffs?		☐ Yes	☐ No
3.	Does organization have procedures in place to evaluate animals for aggressive tendencies?		☐ Yes	☐ No
4.	Are animals that are known or suspected of having aggressive tendencies accepted by the organization	?	☐ Yes	☐ No
5.	Does organization provide services for any wild or undomesticated animal or reptile species, whether			
	native or exotic, including but not limited to wolves, coyotes, foxes, alligators, turtles and snakes?		☐ Yes	☐ No
6.	Does organization house only domesticated animals, including but not limited to; dogs,			
	cats, guinea pigs, rabbits?		☐ Yes	☐ No
7.	Does this organization have any breeding operations?		☐ Yes	☐ No
8.	Does organization provide accident insurance or workers compensation for your volunteers/employees?		☐ Yes	☐ No
9.	Does organization permit public access to animals without supervision?		☐ Yes	☐ No
10.	Are all animals immunized and given health evaluations prior to placement with the adoptive owners.		☐ Yes	☐ No
11.	Does organization require adoptive families to sign a waiver hold organization harmless for all acts,			
	behavior and conditions of the animal once it has left the shelter?		☐ Yes	☐ No
12.	Does organization operate as an animal activist group?		☐ Yes	☐ No
13.	Does organization provide any attack dog, guard dog or seeing eye dog training?		☐ Yes	☐ No
14.	If organization utilizes the services of foster homes, are all foster parents required to sign a waiver			
	holding the organization harmless?	☐ Yes	☐ No	□ NA
15.	Does organization employ or contract armed humane police officers?		☐ Yes	□ No
App	olicant's signature: Title:	Date:		
	Principal, Officer or Partner			
Prir	nt name:			

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