

**HERNANDO COUNTY ANIMAL SERVICES**  
**19450 Oliver Street      Brooksville, FL 34601**  
**(352) 796-5062          Fax (352) 796-3746**

**Animal Rescue Partner Application**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact Person & Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Type of Organization:    { } 501(c)3 Non-Profit Animal Rescue Organization  
                                  { } Other 501(c)3 Non-Profit Agency – List Type of Agency: \_\_\_\_\_  
                                  { } Service Dog Training  
                                  { } Government Agency – List Type of Agency: \_\_\_\_\_  
                                  { } Veterinarian  
                                  { } Other – List Type of Agency: \_\_\_\_\_

Reason for Requesting Transfer: \_\_\_\_\_  
(Examples include Rescue, Education, Working Dogs, Etc.)

**Please attach the following documents, if applicable:**

- Copy of 501(c)3 Paperwork
- Minimum of one Veterinary Reference
- List of Authorized Representatives
- Contact Information for County Animal Control Agency where organization is located

**By applying to become an Animal Rescue Partner I hereby agree to the following terms and conditions relating to the transfer of animals. I further certify that I am authorized to enter into this agreement on behalf of our organization.**

**CONSENT TO INSPECTION**

I agree to allow Hernando County Animal Services to inspect any and all premises, including buildings, kennels, foster homes, etc. where transferred animals will be housed for the purposes of ensuring that animals are or will be well cared for. For Out of County Agencies, I agree to allow the inspection to be conducted by the local animal control agency or other agency appointed by Hernando County Animal Services. I agree to allow the inspection to occur during business hours and within 24 hours of the request for an inspection. Failure to allow inspections will result in termination of your privileges to transfer animals.

**NO WARRANTY OR GUARANTEE**

Hernando County Animal Services makes no implied or expressed warranty with regard to transferred animals. All animals are transferred "AS IS" and our organization accepts ownership and all responsibility for transferred animals. I understand that animals are only available for observation by Animal Services for a short time and there is no guarantee regarding the health, temperament, or training of animals. I understand and agree that it is my responsibility to carefully choose the animals I am transferring. I further understand that Animal Services has the right to refuse to transfer any animal to any person or organization for any reason.

### **AGREEMENT TO STERILIZE AND VACCINATE ANIMAL**

I agree to vaccinate all transferred animals against rabies and to sterilize all transferred animals within 30 days from the date of transfer. I agree to abide by the requirements of Florida Statute 823.15 as it pertains to the sterilization of animals. I further agree to provide proof of rabies vaccination and sterilization to Hernando County Animal Services within 30 days of the date of transfer. Additional time may be granted to complete vaccination and sterilization if the animal being transferred is too young, has medical conditions which prohibit vaccination or sterilization, or there are other approved extenuating circumstances.

### **AGREEMENT FOR RESPONSIBLE OWNERSHIP AND CARE**

I agree to abide by all county ordinances and state laws pertaining to animals including keeping the animals properly confined, ensuring that they do not become a public nuisance, vaccinating the animals for rabies as required by law, sterilizing all animals, and purchasing county licenses (if applicable). I agree to provide adequate, wholesome food and water, and adequate shelter, ventilation, exercise, and veterinary care for transferred animals for the remainder of their natural life or until such time as my Organization no longer owns the animal.

### **INDEMNITY, SAFETY AND LIABILITY PROVISIONS**

INDEMNITY: To the fullest extent permitted by Florida law, the Animal Rescue Partner Organization and its' authorized representatives agree to indemnify and hold harmless the County and all of the County's employees from any claim, loss, damage, cost, charge, attorney's fees and costs, or any other expense arising out of an adverse claim regarding transferred animals.

#### PROTECTION OF PERSONS AND PROPERTY:

- 1) The Animal Rescue Partner will take all reasonable precautions for, and will be responsible for initiating, maintaining and supervising all programs relating to the safety of all persons and property affected by, or involved in, the performance of his operations under this contract.
- 2) The Animal Rescue Partner will take all reasonable precautions to prevent damage, injury or loss to: (a) all persons who may be affected by the performance of his operations, including employees; (b) all materials and equipment; and (c) all property at or surrounding the work site. In an emergency affecting the safety of persons or property, the Animal Rescue Partner will act, with reasonable care and discretion, to prevent any threatened damage, injury or loss.

LIABILITY: I understand and agree that Hernando County Animal Services shall not be liable, in whole or in part, for any personal injury or property damage caused by this animal, or for any injury or illness of this animal once custody is assumed by an authorized representative of the Animal Rescue Partner. The Animal Rescue Partner hereby agrees to assume all liability for the animal's care and any injury or damage done by the animal.

By my signature below I swear that I am an authorized representative of the organization listed on this application and that I understand and agree to the terms of this contract and all of my obligations and responsibilities pertaining to transferred animals. I enter into this application of my own free will and agree to all of the terms and conditions contained herein on behalf of myself, my agents, and the organization that I represent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### AUTHORIZED REPRESENTATIVES

Organization Name: \_\_\_\_\_

Authorized representatives are those people who are authorized by the Animal Rescue Partner Organization to look for animals and to accept transfer of ownership. Please list all authorized agents below. If agents are not listed they will not be permitted to accept animals on behalf of your Organization. You may change your authorized agents at any time by submitting a revised copy of this form.

Authorized Agent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorized Agent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorized Agent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By my signature below I swear that I am an authorized representative of the Organization listed above and that I hereby appoint the above listed people as authorized agents of the Organization. I understand that all agents are required to abide by the terms and conditions of the agencies "ANIMAL RESCUE PARTNER APPLICATION" and **agree to act professionally while at the HCAS facility and while conducting business via phone, email, mail, or in person.** Further I specifically authorize the agents above to sign the "TRANSFER OF OWNERSHIP AGREEMENT" (a copy of which is attached) upon the transfer of any animal and I agree to accept responsibility for the agents listed above and any animals transferred under their authority. I understand that my Organization's privileges to transfer animals may be revoked if any agent of the Organization fails to follow the terms and conditions of the application or agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### Animal Rescue Partner Transfer Criteria

Organization Name: \_\_\_\_\_

Transfer criteria are the criteria by which your Organization makes decisions to rescue animals. Please answer the following questions pertaining to your transfer criteria in order for us to better assist you with finding animals that meet your organization's mission.

1) What types of animals does your organization accept?

Dogs       Cats       Other - Please Specify: \_\_\_\_\_

2) Is your organization breed specific?     Yes     No

If Yes, Please list the breeds you accept: \_\_\_\_\_

3) From the following list, please check any that your Organization will accept:

Pregnant Animals or Animals with nursing babies

Unweaned Orphans with no mothers

Older Animals: List Maximum Age you will accept \_\_\_\_\_

Animals with known minor medical issues (parasites, infections, etc.)

Animals with known major medical issues (heartworm, mange, feleuk, operations, etc.)

Animals with a physical handicap

Animals with known behavioral challenges (hyper, not housetrained, runs away,  
destructive, not leash trained, excessive barking, etc.)

Animals with known socialization challenges (doesn't like children, men, women,  
other animals, jumps up, rough play, etc.)

4) Please list any additional special needs or circumstances that your Organization will accept.

\_\_\_\_\_

5) Please list any additional selection criteria that you would like us to be aware of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_