

https://www.guilfordcountync.gov/our-county/animal-services

4525 W. Wendover Ave. Greensboro, NC 27409

Animal Shelter: (336) 641-3400 Animal Control: (336) 641-5990

Fax: (336) 641-3416

TRANSFER PARTNER PROFILE

| Transfer Partner Name: | | | | | | | |
|---|---------|-------|-----------|--|--|--|--|
| Address: | City: | Sta | nte: Zip: | | | | |
| Primary Contact Number: () Alternate Contact Number: () | | | | | | | |
| Primary Email: Alternate Email: | | | | | | | |
| Transfer Partner Website: | | | | | | | |
| Please list all people within your group that have decision-making powers to confirm animals from GCAS. | | | | | | | |
| Name | Address | Phone | Email | | | | |
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| Please list all representatives within your group who are authorized to pick up animals from GCAS. | | | | | | | |
| Name | Address | Phone | Email | | | | |
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| Please answer <u>ALL</u> questions below. | | | | |
|---|-----------------------|-----|----|--|
| Is your group: Foster until placement? Referral service only? Shelter kennel facility? Other (explain: | | | | |
| Please list all species and breeds that your organization | is willing to accept? | | | |
| Do you have any restrictions on species/breeds you will | NOT accept? | | | |
| Will your organization consider taking in animals with medical conditions? If yes, please describe the medical conditions you are prepared to treat. | | | NO | |
| Will your organization consider taking in animals with behavior problems? If yes, please describe the behavior problems you are prepared to accept. | | YES | NO | |
| If necessary, do you euthanize animals accepted to your If yes, for what reasons would you consider euth | . • | YES | NO | |
| Where will your group's animals be housed? (please be | specific) | | | |
| How many animals is your organization equipped to intake/handle at any given time? How many animals do you currently have in your program? | | | | |
| How do you advertise your pets for adoption? | | | | |
| Please explain your adoption fees. | | | | |

| Please | answer <u>ALL</u> questions below. | | | | |
|---|--|--------------------|-----------------|--|--|
| \\ | is your placement/adoption procedure? (Check all that apply) Vritten adoption application Open adoption (personal interview of the company background check Landlord approval and/or home of the company series and the company series are company series and the company series and the company series are compa | wnership veri | | | |
| Will yo | ou accept unweaned puppies and kittens and/or nursing moms with litters? | YES | NO | | |
| Do yo | u spay and neuter all rescue pets prior to placement into permanent homes? If no, under what circumstances will you place an intact animal in a perman | | NO | | |
| Do yo | u accept animals directly from the public? | YES | NO | | |
| May v | ve post your group's contact information on the GCAS website? | YES | NO | | |
| | PLEASE INCLUDE A COPY OF YOUR ADOPTION GUIDELINES AND CONTRACT AND YOUR | 501C3 PAPERWC | DRK. | | |
| Please i | eview the following information carefully: | | | | |
| ✓ | GCAS reserves the right to refuse placement of its animals to a transfer partner if it deems it animal and/or the shelter. | to be in the best | interest of the | | |
| ✓ | The transfer partner understands that GCAS makes no guarantee on behavior, temperament animal. | , health or pet po | etential of an | | |
| ✓ | Animals transferred from GCAS must be sterilized prior to final placement / adoption. | | | | |
| ✓ | Most correspondence with GCAS is done through email. Animals must be confirmed by emailing GCAS at Rescue@guilfordcountync.gov with the animal ID number, name and any other pertinent information, including the name and email address of the transfer partner contact. | | | | |
| ✓ | GCAS does not offer billing services. Payment for transferred pets is expected at the time the placement is confirmed and no later than the time of pick up. | | | | |
| ✓ | The transfer partner group may be asked to produce disposition records for animals that hav to comply with these requests and produce documentation within the specified time frame values of transfer partner pull privileges. | • | | | |
| Name o | f Responsible Person: | | | | |
| Signatu | re of Responsible Person: | Date: | | | |
| Title: | Driver's License #: | Sta | ite: | | |