



## Rescue Partner Profile

The Bucks County SPCA Rescue Partner Program is a crucial component to increase lifesaving opportunities in our community. We appreciate the opportunity to work together as a team and look forward to the dialogue that helps us get to know each other. Please help us get started by completing our standard profile. It is intended to help us work together more efficiently.

To apply to become a Bucks County SPCA Rescue Partner, please provide the following information and documentation to Vanly Pierson at [vperson@bcspca.org](mailto:vperson@bcspca.org) or 60 Reservoir Road, Quakertown, PA 18951.

1. A completed Rescue Partner profile.
2. A copy of the organization's 501(c)(3) status if applicable, submitted 501(c)(3) application or veterinary business license.
3. A copy of the organization's adoption application and/or a description of the adoption counseling process, and agreement.
4. A copy of the organization's spay/neuter policy.
5. A copy of the organization's euthanasia policy.
6. Name of Organization: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Physical Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

7. Contact Name #1 \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

8. Contact Name #2 \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

9. Please list any organizations to which you have transferred animals over the past year (other than an adopter)

\_\_\_\_\_

\_\_\_\_\_

10. What is your return policy?

\_\_\_\_\_

\_\_\_\_\_

11. Which computer software or database management system, if any, do you use to track the animals in your care?

\_\_\_\_\_

12. How many animals entered your program in 2015? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

13. Is your organization (Circle One):      Open Admission      Limited Admission

a. If Limited Admission, please list limitations:

\_\_\_\_\_

\_\_\_\_\_

14. How many foster homes did you have in your program at the beginning and end of 2015?  
Beginning: \_\_\_\_\_ End: \_\_\_\_\_

15. How many animals were in your organization at the beginning and end of 2015 (either in shelter or foster)?

\_\_\_\_\_

16. How many animals in the past calendar year were successfully placed into permanent homes (adopted)?

\_\_\_\_\_

17. Please describe how you determine a limit on the number of animals allowed in your program at any given time.

\_\_\_\_\_

\_\_\_\_\_

18. What type of animals do you accept in your organization? (Circle One)

                Dog                  Cat                  Other: \_\_\_\_\_

19. Do you prefer any specific breeds? \_\_\_\_\_

If yes, will you take mixes of those breeds? (Circle One)                  Yes                  No

20. Please share any type of medical conditions your group accepts (i.e. dogs with heartworm disease, FeLV positive cats, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please share any type of medical conditions that would make an animal ineligible for your group (i.e. dogs with heartworm disease, FeLV positive cats, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Please share any behavior based your group accepts (i.e. resource guarding, litter box issues, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Please share any behavior based conditions that would make an animal ineligible for your group (i.e. resource guarding, litter box issues, etc.):

\_\_\_\_\_

\_\_\_\_\_

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24. Are there any age restrictions for animals entering your program?
- a. Lower age limit: \_\_\_\_\_
  - b. Upper age limit: \_\_\_\_\_
25. Please describe where animals will be housed after they leave the Bucks County SPCA.  
(foster homes, boarding, a shelter facility, combination, etc.)
- \_\_\_\_\_
- \_\_\_\_\_
26. The name, address, and phone number of the licensed veterinarian who serves as the organization's primary provider/consultant.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
27. The name, address, and phone number of the licensed veterinarian who serves as the organization's emergency provider.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
28. The name, address, and phone number of any behavior consultants and/or trainers who provide service to your organization.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I agree that I have the authorization to enter into this agreement on behalf of the organization listed below, and that I have read and agree to all of the Bucks County SPCA policies outlined in this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Position: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Signature of Bucks County SPCA Representative: \_\_\_\_\_

Thank you for your interest in becoming a BCSPCA rescue partner! We value having the opportunity to work with your rescue group. Please provide 3 references that we could call to find out more about your good work:

1. Veterinarian

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2. Shelter you have worked with in the past

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3. Former adopter

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