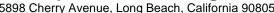


# County of Los Angeles Department of Animal Care and Control

## Adoption Partner Program 5898 Cherry Avenue, Long Beach, California 90805





### **Submit Completed Application To:** AdoptionPartners@animalcare.lacounty.gov

Type of Application:	Initial Application Contact Information Update						
Organization Name:					501(c)3 ID No.:		
Which species of animals do you intend to rescue: □ Dogs □ Cats □ Other:							
Do you rescue animals with	medical issues: Ye	es	No				
Adoption Partner Address: (No P.O. Boxes are accepted)			City:			State:	Zip:
Mailing Address (if different):			City:		State:	Zip:	
Adoption Partner Phone:			Primary Contact Person:				
Primary Contact Phone:			Primary Contact Email:				
Adoption Partner Website Ad	ldress:						
	Kennel / Boarding Add						
Vannal Addraga	lf you use your own volunt	teers as fo	oster, please lis City:	st those i	individuals on Pag	<b>e 2</b> State:	Zip:
Kennel Address:							6.
Do you have a kennel permit	it at this location? Permit No. and Exp. Date:						
Total no. of runs:		How	many anima	als can	you house at t	this location?	
Veterinarian Used For Animal Care							
Clinic Name:		Clinic Phone No.					
Address:			City:			State:	Zip:
Full legal name, phone, email, and physical address of people authorized to adopt:  Pullers must show ID at the time of adoption							
1.			3.	,			
2.			4.				
		Danist					
Registered Agent For adoption partners located primarily out of state, we require a registered agent for service within the State of California							
Agent Name:		Company (if applicable):					
Street Address:		City:			State:	Zip:	
Phone:	Phone: Fax:						
By signing below, I certify that all information provided on this application is true, complete, and correct.							
Signature:				Date:			

Adoption Partner Name:	
•	

### Individuals / Foster Homes Authorized to House Animals

	Name	Street Address	City	State	Zip	Phone
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

# ADOPTION PARTNER PUBLIC INFORMATION FORM

Adoption Partner Name:				
Primary Contact:				
Please provide the following contact information for the ge	eneral public:			
Website:				
Social Media Account:				
Email Address:				
Phone Number:				
Signed:	Date:			

#### **IMPORTANT:**

Incomplete applications cannot be reviewed. Once your application has been received please allow 6-8 weeks for processing.

## Submit this application and each of the following documents as one complete package to: adoptionpartners@animalcare.lacounty.gov

- IRS Determination Letter.
- California Attorney General Charitable Trust Registration.
- · Certificate of Status Verification.
- A copy of the organizations Articles of Incorporation.
- A copy of the organization's By-Laws.
- A copy of the organization's current adoption and foster application(s) and agreements.
- A current list of the organizations Board of Directors.
- Mission statement of purpose. Indicate the primary breed/species the organization adopts.
- One letter of recommendation from your primary Veterinarian/DVM.
- One letter of recommendation from an animal control agency or open-admission
- animal shelter.
- Two letters of recommendation from current County Adoption Partners.
- A list of all individuals (employees or volunteers) who are authorized to adopt animals on behalf of the organization, and who the organization claims responsibility. The list must include their full legal name, home address (no P.O. Boxes), their telephone number, email address and a copy of their valid Driver License.