



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: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other: | | | | | |
| Do you rescue animals with medical issues: | | Yes | | No | |
| Adoption Partner Address: <i>(No P.O. Boxes are accepted)</i> | | | City: | State: | Zip: |
| Mailing Address <i>(if different)</i> : | | | City: | State: | Zip: |
| Adoption Partner Phone: | | | Primary Contact Person: | | |
| Primary Contact Phone: | | | Primary Contact Email: | | |
| Adoption Partner Website Address: | | | | | |
| Kennel / Boarding Address where animals are temporarily housed: <i>If you use your own volunteers as foster, please list those individuals on Page 2</i> | | | | | |
| Kennel Address: | | | City: | State: | Zip: |
| Do you have a kennel permit at this location? | | Permit No. and Exp. Date: | | | |
| Total no. of runs: | | How many animals can you house at 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: <i>Pullers must show ID at the time of adoption</i> | | | | | |
| 1. | | | 3. | | |
| 2. | | | 4. | | |
| Registered Agent <i>For adoption partners located primarily out of state, we require a registered agent for service within the State of California</i> | | | | | |
| Agent Name: | | | Company <i>(if applicable)</i> : | | |
| Street Address: | | | City: | State: | Zip: |
| 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 |
|-----|-------------|-----------------------|-------------|--------------|------------|--------------|
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ADOPTION PARTNER PUBLIC INFORMATION FORM

Adoption Partner Name:

Primary Contact:

Please provide the following contact information for the general public:

| |
|--|
| <input type="checkbox"/> Website: |
| <input type="checkbox"/> Social Media Account: |
| <input type="checkbox"/> Email Address: |
| <input type="checkbox"/> 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, e-mail address and a copy of their valid Driver License.