



County of Los Angeles Department of Animal Care and Control

Administrative Office
5898 Cherry Ave.
Long Beach, CA 90805



Submit Completed Application to:
AdoptionPartners@animalcare.lacounty.gov

Agency/Organization Name: _____

☐ Tax ID# _____

Which animals are you interested in rescuing?

☐ Cats Total # of kennels: _____ Total Shelter Capacity _____

☐ Dogs Total # of runs: _____

☐ Other Animals (specify types): _____

Mailing Address		City	State	Zip
Telephone Number	FAX Number	Primary Contact Person	Email Address	

SHELTER FACILITY				
Facility Address		City	State	Zip
<input type="checkbox"/> Veterinarian on Staff	<input type="checkbox"/> Private Veterinarian	Name, Clinic Name, Clinic Address, Clinic Phone		
<input type="checkbox"/> Government	<input type="checkbox"/> Non Profit	Kennel Permit # & Exp. Date (If applicable) _____		

AUTHORIZED ADOPTERS (must show valid picture ID at pickup)	
1.	5.
2.	6.
3.	7.
4.	8.

I certify that all information provided is true, complete, and correct. I agree to contact the County of Los Angeles, Department of Animal Care and Control (DACC) with an update when a change in any contact information occurs. I agree, on behalf of the organization listed above, to maintain proper permits and if applicable, nonprofit 501(c)(3) status. I further agree to notify DACC if the agency's status should change and forward any updated or amended documents to DACC immediately upon request. I will complete monthly reports within 10 days of the end of each month including documentation of the spay/neuter of all unsterilized animals released from the Department and the name and address of all adopters. I will assure the humane treatment of all animals released to me or my designees and that all representatives of the organization will comply with all local and state laws as they pertain to code compliance and humane animal care. I acknowledge that a DACC official may inspect and/or visit the agency's kennel location(s) at any time to assure compliance with these laws and with this agreement. I understand that joining "Closer to Home" does not grant me or any of my organization's representatives or designee's automatic rights to foster animals for DACC. **I further understand that animals will be available for a transfer to my agency free of charge on a select basis as designated by DACC management. Regular fees apply to all animals that are not a part of this program.**

Signature	Printed Name	Title	Date
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Closer to Home Agreement

1. Authorized Person to Contract/Contact Person: I am the _____ of ("Organization"), and as such, I am authorized by the Organization to enter into this Closer to Home Agreement ("Agreement") with the County of Los Angeles, Department of Animal Care and Control ("Department"). I am the contact person for the Organization for purposes of this Agreement. I agree to notify the Department with an update if a change in contact information occurs.

2. Organization's Facilities: I confirm that the Organization maintains a suitable facility to properly house and care for animals received from the Department, and to provide ample opportunities for the public to view and to adopt the animals adopted by the Organization from the Department. **Regular hours of operations of at least 25 hours per week are maintained for public access. The Organization's operating hours are:**

3. Maintenance of Required Licenses and Permits: I agree that the Organization will maintain, in a current status, all required permits and licenses under federal, state and local laws and that failure to maintain such permits and licenses is grounds to terminate this agreement without further notice. I agree to provide copies of such permits/ licenses to the Department upon request.

4. Status of Entity: Check One:

The Organization _____ is a 501 (c)(3) entity, has current 501 (c)(3) status and agrees to maintain all legal requirements for a 501 (c)(3) entity. I agree to provide copies of documents filed in connection with such 501(c)(3) status to the Department upon request.

The Organization _____ is not a 501(c)(3) entity.

5. Notification of Expiration of Permits/Licenses and/or Change in Legal Status: I agree to notify the Department immediately if current permits/ licenses issued by federal, state or local entities expire and/or there is any change in the Organization's legal status under federal, state, or local law.

6. Rights and Responsibilities of Owner: I agree that the Organization is the legal owner of every animal it adopts from Department, with all of the rights and responsibilities of the legal owner of an animal, including the provision of needed veterinary care. The Organization's legal responsibilities begin upon adoption of each animal by the Organization.

7. Selection of Animals for Adoption/No Adoption Fee: I agree that the animals to be adopted by the Organization will be selected by Department employees and will be provided free of charge to the Organization. If the Organization desires to adopt an animals not selected for the Closer to Home program by the Department, the Organization may due so upon payment of all applicable fees.

8. Humane Treatment: I agree that the Organization's members/employees/volunteers/designees will treat animals it adopts, from the Department, humanely and in accordance with all federal, state and local laws applicable to animals.

9. Hold Harmless: I agree, on behalf of the Organization and its officers, employees, volunteers, and designees to hold the County of Los Angeles and the County of Los Angeles Department of Animal Care and Control and its officers, employees, volunteers, and designees harmless as to any damages or injuries to or caused by an animal or the Organization after adoption of the animal by the Organization.

10. Inspection/Visitation: I agree that a representative from the Department may inspect/visit any part of the Organization's kennel facilities at any time to ensure compliance with this agreement.
11. Monthly Reports: I agree to provide monthly reports requested by the Department within 10 days of the end of each month regarding the status of animals transferred to the Organization for the previous month. These reports shall include the spay/neuter information of all unsterilized animals released from the Department as well as the name, address, and phone number of all adopters who adopted animals provided to the Organization by the Department.
12. Suspension/Termination: I agree that the Department may suspend or terminate this agreement at any time for any reason without further notice. Such suspension or termination requires the approval of the Department's Director.

Counterparts: This Agreement may be signed by the Organization's representative and accepted by the Department's Director in counterparts.

DATE	PRINTED NAME	TITLE	SIGNATURE
NAME OF ORGANIZATION		ADDRESS	

----- FOR COUNTY OF LOS ANGELES DEPARTMENT OF ANIMAL CARE AND CONTROL OFFICIAL USE ONLY -----

Agreement accepted by the County of Los Angeles Department of Animal Care & Control

DATE	PRINTED NAME	TITLE	SIGNATURE
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County of Los Angeles Department of Animal Care and Control Director Approval:

Marcia Mayeda