



CLOSER-TO-HOME PROGRAM APPLICATION FORM



Marcia Mayeda, Director

The County of Los Angeles' Department of Animal Care and Control (DACC) welcomes this application for the Closer-To-Home program, where organizations like the ASPCA, Annenberg Pet Space, Wags and Walks, and Pasadena Humane Society, provide the resources to participate in transport of pets from Los Angeles County to other shelters across the state and in neighboring states as part of our broader Adoption Partner program.

Please note that an organization must be accepted into the Adoption Partner program to participate in Closer-To-Home. This form only represents how to start the application process for Closer-to-Home. The Adoption Partner Program application is a separate form.

1. Overview of Closer-To-Home Applicant

Organization Name:		County of Los Angeles Adoption Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax ID:	Type of Application:		<input type="checkbox"/> New Application		<input type="checkbox"/> Contact Information Update
Physical Address:		City:	State:	Zip:	
Mailing Address (if different):		City:	State:	Zip:	
Primary Contact Name:		Contact Phone:		Fax:	
Primary Contact Email:					
Which species of animals do you intend to transport: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other: _____					

2. Applicant physical location where your animals are housed:

Facility Address:		City:	State:	Zip:
Capabilities: <input type="checkbox"/> Veterinarian On Staff <input type="checkbox"/> Private Veterinarian <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Profit Entity				
If Private Veterinarian: Veterinarian Name, Clinic Name, Clinic Address, Clinic Phone:				
If you are required to have a kennel permit at this location, please provide Permit No. and Expiration Date:				
Total no. of Kennels:	Total no. of Runs:	How many animals can you house at this location?		

3. Provide the Names of Individuals Authorized to Pull Animals (Max 8 individuals)

Individuals must be named here to receive Animals. Photo ID will be required on-site.

	Name	Street Address	City	State	Zip	Phone
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						



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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.**

4. Applicant or Owner Certification of Application

I hereby certify under penalty of perjury that the information provided herein, including all attachments, is correct to the best of my knowledge.

By: _____ (TYPE NAME)	Signature: _____ (SUBMITTER)	Date: _____
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5. Agreement to Closer-To-Home Terms and Conditions

- 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.
- 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:**

Organization Typical Operating Hours:

	<u>Open</u>	<u>Closed</u>	<u>Notes:</u>
Sunday			
Monday:			
Tuesday:			
Wednesday:			
Thursday			
Friday			
Saturday:			

- 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.
- Status of Entity:** Please 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.
 - is not a 501 (c)(3) entity,

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.

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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 animal 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.

Applicant or Owner Acceptance of Terms and Conditions

By: _____ (TYPE NAME)	Signature: _____ (SUBMITTER)	Title: _____
Date: _____	Address: _____	

FOR DACC USE ONLY

Application accepted by the County of Los Angeles Department of Animal Care & Control DACC Closer-To-Home Program	Application approved by the County of Los Angeles Department of Animal Care & Control Marcia Mayeda, Director
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