



Placement Partner Application

Organization Information

Thank you for taking the time to complete this application. The information will remain confidential and used only as part of the PAWS Placement Partner Program.

Name of organization _____ Date _____

Is agency a registered 501(c)3 non-profit? Yes No Tax-exempt ID # _____

Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Website _____ E-mail _____

Phone _____ Alternate _____ Fax _____

Contact Information

Primary Contact _____ E-mail _____

Phone _____ Alternate _____ Fax _____

Secondary Contact _____ E-mail _____

Phone _____ Alternate _____ Fax _____

Animals Accepted

What breed(s) is placement provided for? _____

Are mixes of these breeds accepted? Yes No Comments: _____

Will the organization consider taking in animals with medical conditions? Yes No

If yes, please specify what medical conditions can be accepted and cared for by the agency:

Will the organization consider taking in animals with behavior problems? Yes No

If yes, please specify what behaviors are accepted and what sort of training or rehabilitation can be provided: _____

Are animals 6 years and older accepted? Yes No Comments: _____

Continued on reverse

Housing

How many animals can the organization collectively house? _____

Please describe the housing methods used for animals in the organization’s care:

Does the organization make use of foster homes? Yes No

If a boarding kennel(s) is used for temporary housing, please list the contact details.

Facility _____ Phone _____

Facility _____ Phone _____

How frequently is the boarding facility visited? _____

Community Relationships

Please list the veterinary clinic and veterinarian associated with the organization that we may contact for a reference:

Clinic name _____

Veterinarian _____ Phone _____

Please list other shelters or animal welfare agencies the organization is currently working with that we may contact for a reference:

Facility _____ Phone _____

Facility _____ Phone _____

Facility _____ Phone _____

Other Information

What is the organization’s spay/neuter policy? _____

What is the organization’s long-term plan for animals who are not adopted?

If available, please attach copies of the following documents used by the organization:

- Mission Statement
- Criteria for Foster Homes
- Adoption Placement Criteria

Please return the completed application and supplementary documents to:

PAWS
Attn: Shelter Manager
PO Box 1037
Lynnwood, WA 98046