



Pasco County Animal Adoption Center  
19640 Dogpatch Lane  
Land O' Lakes, FL 34638  
Phone (813) 929-1212  
(727) 834-3216  
(352) 521-5194

June 24, 2009

### **Adoption Partner Program Update**

Dear Potential and Current Adoption Partners:

Pasco County Animal Services (P.C.A.S.) is proud to continue the "Adoption Partner Program", geared toward establishing and/or improving relationships between our shelter and various rescue groups. The premise of this program is the more "Adoption Partners" we have, the more animals can successfully leave the shelter alive. As you might know, our shelter is an open-admission shelter, which provides shelter and care for 10,000 to 12,000 animals each year. We sterilize and adopt approximately 2000 of these animals annually. The remainder are returned to owners, transferred to breed-placement partners, or humanely euthanized.

The nature of this partnership is that your group can transfer select animals from our shelter and pay the current applicable fee. To improve communication between our shelter and your group, we will send e-mails from [adoptionpartners@pscocountyfl.net](mailto:adoptionpartners@pscocountyfl.net) to let you know which animals are available. Upon receipt of the e-mail, let us know within 48 hours if your group is interested in the animal. Your group must guarantee that all transferred animals will be surgically sterilized and receive all necessary professional veterinary care prior to being re-homed. A form has been developed to streamline this compliance reporting requirement. A sample of the form may be found on page four (4) of this document.

***Important update for current Partners on next page!***

## Adoption Partner Program

**If your group is interested in partnering with P.C.A.S. we will need the following information:**

1. A copy of your group's 501(c) 3 registration or Florida Incorporation documents.
2. A copy of your group's Mission Statement.
3. A list of persons authorized to transfer or adopt animals on behalf of your group, along with a copy of each person's driver's license or photo ID card.
4. **One current e-mail address** to use for notifying your group about animals available for transfer or adoption.
5. A signed and returned Adoption Partnership Responsibility form (page 3 of this document). This form outlines the expectations that P.C.A.S. will have of this partnership. If your group does NOT agree with these expectations, we understand that our missions do not match and that this would not be a good partnership for us to enter. If your group does agree with these expectations, then we look forward to a productive relationship between your group and the shelter.

***Update: It is not necessary to file these documents with P.C.A.S. every year; however, we do require that you update your information as necessary! Failure to do so will unnecessarily delay transfers.***

We request that you please keep us informed about any changes that might occur throughout the year. We understand that volunteers leave, missions change, and foster homes become full. When these events occur, send an e-mail to [adoptionpartners@pascocountyfl.net](mailto:adoptionpartners@pascocountyfl.net) . The subject line should state "**Attention: Records Update**". We will only make changes when the request comes from an authorized representative.

We look forward to working with your group.

Sincerely,

*Pasco County Animal Services*

RL/dh

cc: file

## Adoption Partners Responsibilities

Our group \_\_\_\_\_ wishes to assist Pasco County Animal Services (PCAS) in their efforts to rescue and rehome unwanted, abandoned, and homeless animals in Pasco County Florida. We acknowledge that there is an animal overpopulation problem – with too many animals and too few homes. Further, we agree that the solution to this problem rests with preventing future breeding of unwanted animals.

Therefore, we agree to the following:

1. We are a duly registered nonprofit group and have current incorporation papers filed with the State of Florida.
2. We have a mission statement that is consistent with this partnership.
3. We will provide names and photo ID's of all persons from our organization who are authorized to adopt or transfer animals from Pasco County Animal Services.
4. We will provide a current e-mail address that can be used by PCAS to notify our group about potentially available animals.
5. Whenever possible, we will adopt animals from PCAS that have been in their adoption center for more than 2 weeks. We will pay the current adoption fee for such animals and then attempt to rehome them. We understand that these animals will already be sterilized, vaccinated, dewormed, defleaed, and tested for heartworm disease or feline viral diseases. There may be an additional charge for a rabies license, if applicable.
6. When notified by e-mail that PCAS has an animal that is not going into their adoption program because of overcrowding, age, health issues, or reasons other than aggression, our group will promptly consider whether we can transfer this animal and respond to PCAS within 48 hours if we are interested. If we agree to transfer an animal, then we will arrange to transport the animal ASAP.
7. There may be a transfer fee for the cost of a microchip and registration only. There will not be any fees for any other services that might have been provided to these animals (such as veterinary triage, vaccination, etc) PRIOR to the transfer. Transferred animals will have no guarantee of any prior veterinary care e.g. will not necessarily be vaccinated, tested, examined, or sterilized. Transfers are taken with the understanding that they are “as is.”
8. We guarantee that any animal transferred from PCAS to our group will be sterilized and receive all necessary veterinary care before it is re-homed. **Further, we agree to provide proof to PCAS that sterilization and veterinary care has occurred in a timely fashion.**
9. We will provide PCAS with an accounting of the final disposition of all transferred animals on a quarterly basis. (Which ones found homes, died, were unadoptable, etc.)
10. We agree to allow PCAS to periodically make home visits of our animal care facilities and/or foster homes. We will keep PCAS informed of any changes to our membership, mission statement, or organizational status as it becomes necessary.
11. Once we adopt or transfer an animal from PCAS, we assume all further liability for this animal and agree to hold PCAS harmless should the animal bite someone or cause harm to another person or property.

This arrangement can be discontinued by either party for any reason.

Date: \_\_\_\_\_

Adoption Partner \_\_\_\_\_

Authorized Signature \_\_\_\_\_



## Adoption Partner Compliance Certification

Name of responsible Adoption Partner Organization \_\_\_\_\_  
Name & signature of person obtaining animal \_\_\_\_\_ X \_\_\_\_\_  
Date animal transferred/adopted \_\_\_\_\_ Microchip # \_\_\_\_\_ Shelter ID # \_\_\_\_\_  
Animal Description: Canine  Feline  Male  Female  Previously Neutered/Spayed   
Breed/color-markings \_\_\_\_\_

**By taking custody of this animal our organization agrees to the following:**

1. Animals taken from Pasco County Animal Services (PCAS) are taken “as is” with no guarantee of temperament, health status, or any prior veterinary care.
2. The Adoption Partner Organization will immediately provide veterinary care for this animal, including wellness care, licensing and any necessary treatment for any underlying illness.
3. Before rehoming this animal, the Adoption Partner Organization guarantees to have this animal sterilized if not received sterilized. This sterilization will take place not more than 120 days after the date on this form.
4. The Adoption Partner Organization assumes all liability for the animal and agrees to hold PCAS harmless.
5. **Within 120 days, the Adoption Partner Organization must return this form BY MAIL** to the below address, to document that *both* veterinary care and sterilization have occurred. If the animal is unable to be sterilized during this time frame, please document reason on back of this form and submit for review.

Pasco County Animal Services  
*Attention: Shelter Supervisor –Adoption Partners Program*  
19640 Dogpatch Lane  
Land O’ Lakes, FL 34638

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### Veterinary Care Documentation

To report compliance of wellness care and sterilization, you may attach copies of the veterinary service invoices or medical history reports for this animal or have your veterinarian complete the following:

Date(s) of Wellness Care Visit #1 \_\_\_\_\_ Date of Sterilization \_\_\_\_\_  
Visit #2 \_\_\_\_\_ Date of Rabies Vaccination \_\_\_\_\_  
Visit #3 \_\_\_\_\_

Name of Veterinarian (print) \_\_\_\_\_  
Signature of Veterinarian \_\_\_\_\_  
Practice Information (office stamp acceptable)