



74-5225 Queen Ka'ahumanu Hwy  
Kailua-Kona, Hawaii 96740  
www.HIHS.org  
(808) 329-1175

## Rescue Partnership Application

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Director (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is your agency (please check all that apply):

- Government/Municipal
- Nonprofit 501(c)(3)
- Nonprofit with government contract
- Nonprofit pending 501(c)(3) status
- Individual

Which of the following would you like to adopt?

- Dogs
- Cats
- Other animals (Please specify) \_\_\_\_\_

### Operations

Are you an open or limited-admission organization?  Open Admission  Limited Admission

How do you accept animals from the public?

- Walk-in  Appointment  Only when space is available

Do you charge an admitting fee?  No  Yes

Do you charge an adoption fee?  No  Yes

If "Yes," please summarize fees: \_\_\_\_\_

Do you have potential adopters complete an Adoption Application?  No  Yes

Please attach a copy of your Adoption Application, if applicable.

Do you have adopters sign an Adoption Contract or any other form of agreement?  No  Yes

Please attach a copy of your Adoption Contract, if applicable.

Do you have a quarantine procedure? If yes, please describe: \_\_\_\_\_

Do you use a standardized behavior assessment?  No  Yes (name) \_\_\_\_\_

Are you currently transferring **in** animals from other organizations?  
 No  Yes, what agency(s) \_\_\_\_\_

Are you currently transferring **out** animals to other organizations?  
 No  Yes, what agency(s) \_\_\_\_\_

Where do you perform adoptions?  
 Shelter  Foster Home  Mobile Sites  Other \_\_\_\_\_

What is your policy for adoption returns? \_\_\_\_\_

### Housing

Where are your animals housed?

Shelter  
Capacity for \_\_\_\_\_ dogs \_\_\_\_\_ cats

Briefly describe shelter housing (single cages/runs, communal housing, etc.)

Dogs: \_\_\_\_\_  
Cats: \_\_\_\_\_

Foster Home  
Number of homes for dogs \_\_\_\_\_ Number of homes for cats \_\_\_\_\_

If utilizing foster homes:

- Are fosters screened?  No  Yes
- Do fosters receive training?  No  Yes
- Do fosters sign a Foster Care Agreement?  No  Yes
- If a Foster Care Agreement is used, please attach a copy to this Application.

### Veterinary Care

Do you have a veterinarian on staff?  Yes  No  
If yes, name: \_\_\_\_\_ Phone \_\_\_\_\_  
If no, how is veterinary care handled: \_\_\_\_\_

What is your standard medical care, including vaccine schedule, tests, examinations, boosters, parasite control, spay/neuter and microchipping procedure?

Dogs? \_\_\_\_\_  
\_\_\_\_\_

Cats? \_\_\_\_\_  
\_\_\_\_\_

Other Animals? \_\_\_\_\_

**Animal Statistics (Last Year)**

Annual animal intake: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others \_\_\_\_\_

Number of animals adopted: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others \_\_\_\_\_

Number of animals returned to owners: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others \_\_\_\_\_

Number of animals transferred to another agency: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others \_\_\_\_\_

Number of animals euthanized: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others \_\_\_\_\_

**Marketing**

How do you market your organization or mission? \_\_\_\_\_

**Right to Review**

The Hawaii Island Humane Society reserves the exclusive right to review, approve or reject an applicant at HIHS's sole discretion. All applications shall be resubmitted every six months.

**I hereby certify that I have answered the above questions truthfully.**

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

**Thank you for your interest!**

Please return your completed application to:

**Fax: 808-329-7375** or

**Mail: Hawaii Island Humane Society at 74-5225 Queen Ka'ahumanu Hwy., Kailua-Kona, Hawaii 96740**