

Laurens County Animal Control
79 Mount Vernon Church Rd Laurens SC 29360
864.984.6812
ac@co.laurens.sc.us

Rescue Group Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Number: (_____) _____ Alternate Contact Number: (_____) _____

Primary Email: _____ Alternate Email: _____

Please list all people within your group that have decision-making powers to confirm animals from LCAC.

Name	Address	Phone	Email

Please list all representatives within your group who are authorized to pick up animals from LCAC.

Name	Address	Phone	Email

References: (Please provide at least one reference in each category)

Category	Name	Phone	Email
VETERINARIAN			
ANIMAL SHELTER			
RESCUE GROUP			
PERSONAL			

Please answer **ALL** questions below.

Is your group:

_____ Foster until placement?

If yes, how many foster homes? _____

_____ Referral service only?

_____ Shelter kennel facility?

If yes, how many kennels? _____

_____ Other (explain: _____)

Please list all species and breeds that your rescue group is willing to accept?

Do you have any restrictions on species/breeds you will NOT accept?

Can you provide veterinary care for sick or injured animals?

YES

NO

If yes, please explain how you find and provide the necessary funding to treat medical conditions.

Do you have preventative medical protocols?

YES

NO

If yes, please explain these protocols.

If necessary, do you euthanize animals accepted to your rescue?

YES

NO

If yes, for what reasons would you consider euthanasia?

Where will your rescue animals be housed? (please be specific)

How many animals is your rescue equipped to intake/handle at any given time?

How many animals do you currently have in your rescue program?

How do you advertise your pets for adoption?

Please explain your adoption fees.

Please answer **ALL** questions below.

What is your placement/adoption procedure? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Written adoption application | <input type="checkbox"/> Open adoption (personal interview) |
| <input type="checkbox"/> Veterinary background check | <input type="checkbox"/> Landlord approval and/or home ownership verification |
| <input type="checkbox"/> Home visit | <input type="checkbox"/> Fenced yard required |
| <input type="checkbox"/> Accepts returns at any time | <input type="checkbox"/> Accepts returns unless there is a health/behavior issue |
| <input type="checkbox"/> Does not accept returns | <input type="checkbox"/> Other reference checks (personal) |
| <input type="checkbox"/> Post Adoption follow up (please check your method below) | |
| <input type="checkbox"/> home visit | <input type="checkbox"/> mail |
| <input type="checkbox"/> phone | |
| <input type="checkbox"/> Other: (please explain) _____ | |

Will you place an animal to be an outdoor pet? YES NO
If yes, do have restrictions on what is an acceptable outdoor home?

Will you accept unweaned puppies and kittens and/or nursing moms with litters? YES NO

Do you spay and neuter all rescue pets prior to placement into permanent homes? YES NO
If no, under what circumstances will you place an intact animal in a permanent home?

PLEASE INCLUDE A COPY OF YOUR ADOPTION GUIDELINES AND CONTRACT AND YOUR 501C3 PAPERWORK IF APPLICABLE. WE WILL NOT PROCESS YOUR APPLICATION UNTIL WE HAVE RECEIVED ALL NECESSARY PAPERWORK. THANK YOU FOR YOUR COOPERATION.

Once your application has been reviewed, you will receive a notice of acceptance or refusal from the rescue coordinator(s). Please review the following information carefully:

- ✓ LCAC reserves the right to refuse placement of its animals to a rescue placement group without explanation if it deems it to be in the best interest of the animal and/or the shelter.
- ✓ The rescue placement group understands that LCAC makes no guarantee on behavior, temperament, health or pet potential of an animal.
- ✓ The rescue placement group may be asked to produce disposition records for animals that have been pulled from LCAC. Failure to comply with these requests and produce documentation within the specified time frame will result in temporary suspension of rescue pull privileges.
- ✓ To confirm an animal please email ac@co.laurens.sc.us. Include animal ID number, name and other pertinent information. Please include the name and email address of the rescue group contact.
- ✓ LCAC may request to do a home/rescue visit at any time.

Signature of Responsible Person: _____

Date: _____

Title: _____

Driver's License #: _____

State: _____

-----OFFICE USE ONLY-----

REFERENCES VERIFIED BY: _____

DATE: _____

Vet Reference	PASS	FAIL	CONDITIONAL
Animal Shelter Reference	PASS	FAIL	CONDITIONAL
Rescue Group Reference	PASS	FAIL	CONDITIONAL
Personal	PASS	FAIL	CONDITIONAL

QUESTIONS REVIEWED BY: _____

DATE: _____

Concerns: _____

HOME VISIT REQUIRED?

YES

NO

HOME VISIT COMPLETED BY: _____

DATE: _____

PAPERWORK REVIEWED AND VERIFIED BY: _____

DATE: _____

____ Copy of 501c3 (if applicable)

____ Copy of adoption guidelines/contract

____ Other: (_____)

COMMENTS:

APPROVED BY: _____

DATE: _____

DENIED BY: _____

DATE: _____

REASON FOR DENIAL: _____
