

# Harnett County Animal Services – Transfer Partner Information Form

**Organization:** \_\_\_\_\_

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

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

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

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

**Organization President or Director:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

**Primary Contact Person:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

I authorize the following person(s) to enter into an agreement with Harnett County Animal Services for the purpose of transferring animals under the Transfer Partnership Agreement.

	<b>Name</b>	<b>Phone</b>	<b>Email</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

**Please list 3 Veterinarians your organization utilizes.**

**Primary Veterinarian's Name:** \_\_\_\_\_

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

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

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

**Veterinarian's Name:** \_\_\_\_\_

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

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

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

**Veterinarian's Name:** \_\_\_\_\_

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

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

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

**Please list 3 North Carolina Government run Animal Shelters you assist.**

**Name**

**Phone**

**Email**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Housing:**

How are your animals housed within your organization? (Select All that Apply)

Indoor Facility: \_\_\_\_\_ Outdoor Only Facilities: \_\_\_\_\_ Foster Homes: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Spay/Neuter Information:**

Does your rescue mandate spaying/neutering of adopted pets? \_\_\_\_\_Yes \_\_\_\_\_No

Are the animals altered prior to adoption? \_\_\_\_\_Yes \_\_\_\_\_No

If you answered no to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of adoption, rescue, or fostering applications and/or policies that your organization utilize.

**Please indicate Type/Breed rescue:**

Purebred, Specify breed(s): \_\_\_\_\_

All Breed Dogs Only: \_\_\_\_\_ Ferrets: \_\_\_\_\_

All Breed Cats Only: \_\_\_\_\_ Rabbits: \_\_\_\_\_

All Breed Dogs and Cats: \_\_\_\_\_ Horses: \_\_\_\_\_

Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Printed Name of President or Director

\_\_\_\_\_  
Signature of President or Director

\_\_\_\_\_  
Date