



Pinellas County Animal Services (PCAS)

12450 Ulmerton Road, Largo, FL 33774

(727) 582-2600 Fax: (727) 582-2637

Pinellas County Adoption Partner's Program

Please provide the requested information. Complete and forward this application to Pinellas County Animal Services

Name of Rescue _____ **Public Phone** _____

Address _____

Website : _____

1st Contact _____ **Phone #** _____ **Email** _____

2nd Contact _____ **Phone #** _____ **Email** _____

Tax Exempt Number _____ **Type of Breed Rescuing** _____

Names of Officers and Title: _____

Name of Veterinarian _____ **Phone** _____

Adoption Partnership Agreement

1. We are a duly registered nonprofit and have a current 501 (c) (3) or a Not for Profit status from the State of Florida.
2. We have a mission statement that is consistent with this partnership
3. We guarantee that any animal transferred from PCAS to our group will receive all necessary veterinary care before it is re-homed.
4. We agree to provide proof to PCAS, if asked, that veterinary care has been provided to the animal in a timely fashion.
5. We understand that ALL animals leaving PCAS must be sterilized before leaving the shelter.
6. We agree to allow PCAS to periodically make home visits of our foster homes or care facilities if needed.
7. Once we take possession of 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.
8. This agreement can be discontinued by either party for any reason.

Please attach a copy of your 501 (c) (3) or Not for Profit status, a letter of recommendation from your veterinarian, and names of all transport people and their phone numbers.

I _____, certify all information submitted on this application is true and correct. I further understand any falsification of information contained herein is ground for denial or revocation of this agreement.

Signature _____ **Date** _____