

# ANIMAL CHARITY ADVISOR

## Screening Application

2014-2015

### Organization Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_

Mission Statement:

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

How long has your organization been in business? \_\_\_\_\_

Is your organization registered as a 501(c) 3 organization? Y/N

If so, when did you first file? \_\_\_\_\_

Does your organization file taxes? Y/N

If so, what is the last year filed? \_\_\_\_\_

Would you be willing to provide a current P & L at a later date? Y/N

Do you screen potential recipient families for their income levels? Y/N

Has your organization ever been investigated? \_\_\_\_\_

If so, by what agency and for what reason? \_\_\_\_\_  
\_\_\_\_\_

### Please list all Veterinarians you work with below:

Name of Veterinarian and Practice: \_\_\_\_\_

Phone/Contact: \_\_\_\_\_

Name of Veterinarian and Practice: \_\_\_\_\_

Phone/Contact: \_\_\_\_\_

Name of Veterinarian and Practice: \_\_\_\_\_

Phone/Contact: \_\_\_\_\_

Is your organization provided with free or discounted veterinary services? Y/N

### Organization Procedures:

Does your organization spay/neuter their animals? Y/N

If yes, where is this procedure performed? \_\_\_\_\_

Does your organization provide vaccines? Y/N

If so, which ones and where is the vaccination performed? \_\_\_\_\_

Are your pets tested for:

Heartworm: Y/N

Intestinal Parasites: Y/N

Feline Leukemia: Y/N

FIV: Y/N

Do you provide microchips for your animals? Y/N

If so, where is this procedure performed? \_\_\_\_\_

Where do you acquire the pets you place for adoption? \_\_\_\_\_

What are your adoption criteria? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a copy of your adoption form.

What is your method of advertisement for pet adoption? \_\_\_\_\_

\_\_\_\_\_

Would you object to an onsite visit? Y/N