



Kershaw County Humane Society

Rescue Partnership Application

Rescue Name: _____

Phone: _____

Fax: _____

Email: _____

Physical Address: _____

City: _____

State: _____ Zip: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Health Cert Address: _____

City: _____

State: _____ Zip: _____

HC Main contact Name and Phone # : _____

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) _____

We do require a reference check. Please list 2 rescue groups or vetting facilities that we may call:

Do you have potential adopters complete an Adoption Application?

No Yes

Do you have adopters sign an Adoption Contract or any other form of agreement?

No Yes

Do you conduct home checks? Please elaborate on home check process.

No Yes _____

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

What is your policy for adoption returns?

If you euthanize, please explain the reasons for euthanasia:

[Example: Here in the south a euthanizing facility means that we put animals down for space and minor health related issues such as kennel cough, HW+, URI]

Shelter Capacity for:

_____ dogs
_____ cats

Where are your animals housed?

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

Dogs: _____

Cats: _____

Veterinary Care Do you have a veterinarian on staff?

Yes No

(If yes, name:) _____

Phone: _____

If no, how is veterinary care handled?

(If you take the animals to a clinic then list that clinic veterinarian and contact info, etc)

If you are a 501c3, please attach or email a copy of your IRS letter. If you are not currently a 501c3 and are pulling under another rescue or have proof that you have filed for 501c3, please attach that documentation.

attached
 not attached

What Vetting would you need from us in order to place the animal(s) on transport:

(Please check all that apply)

Spay/Neuter
 Microchip
 DHPP
 KCV (aka Bordetella)
 Rabies
 Dewormer
 HW test
 4DX (has to be paid in advance before test is taken - \$15)
 HW preventative
 Flea/tick preventative
 Health Certification

2 payment options:

- 1.) **Paypal:** wcas@bellsouth.net
- 2.) **Checks:** **KCHS**
Attn: Lou Jackson/Billing
128 Black River Road
Camden, SC 29020

Humane Society reserves the exclusive right to review, approve, or reject an applicant at KCHS's sole discretion.

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

Signature: _____

Date: _____

Thank you for your interest! Please return your completed application to:
volunteerershawcountyhs.org@gmail.com