



Los Angeles Animal Services New Hope Adoption Partner Information

Date: _____

Group P#: _____
(To be assigned by LAAS)

Group Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (that will be responded to within 24 hrs): _____ Fax: _____
Email (that will be responded to within 24 hrs): _____ Website: _____

Group President or Director*: _____ P # (assigned by LAAS): _____
Home Phone: _____ CDL #: _____
Work Phone: _____ Cell/ Alt. Phone: _____
Email Address: _____

* Person responsible for accurate completion of this form and for providing updates or changes in writing

Contact for Monthly Reports: _____
Home Phone: _____ Work/ Alt. Phone: _____
Email Address: _____

Contact for License/Transfer of Ownership: _____
Home Phone: _____ Work/ Alt. Phone: _____
Email Address: _____

The Adoption Partner authorizes the following persons to enter into an agreement for a New Hope adoption from LAAS and to remove the animal once formally adopted. Each member listed below must be a bonafied member of the group and active with the organization for at least six months. Add additional names on a separate sheet of paper if necessary.

Name:	Phone/Alt. Phone:	CDL #:	P# (assigned by LAAS):
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please respond to the following:**Primary Veterinarian**

Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

Alternative Veterinarian

Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

List three references for your group.**Please include one adopter that is not currently a member of your organization****Reference Name No. 1:** _____**Address:** _____**Phone:** _____ **Years Known:** _____**Reference Name No. 2:** _____**Address:** _____**Phone:** _____ **Years Known:** _____**Adopter Reference Name:** _____**Address:** _____**Phone:** _____ **Years Known:** _____**Please provide the following information:**

1. Official notice of IRS 501(C) 3 status
2. Organization's statement of purpose that indicates the primary breed that the organization rescues. (Please note that rabbits can only be adopted by authorized rabbit rescue organizations.)
3. Organization's adoption application and adoption contract
4. Any articles or published information regarding your organization.
5. Any additional information you feel may be relevant in support of your application.

Please answer the following questions (use a separate sheet of paper if necessary):

1. How long has your group been in animal rescue?

2. Describe where the animals will go after they leave LAAS, but before a permanent home is found:

3. Describe your adoption process. Please include how and where you hold adoptions:

4. Do you take back adopted animals? ☐ Yes ☐ No Explain:

5. Approximately how many animals are cared for/adopted by your group yearly?

6. For each authorized group member listed above: Number of personal animals owned (Under/over 4 mos.)?

1. _____

2. _____

3. _____

4. _____

5. _____

7. How many animals does your group currently have in foster care (Under/over 6 mos.)?

8. What is the total number of animals that your group is capable of housing/handling (Under/over 6 mos.)?

9. What is your preferred breed? Size limit?

10. List all the places from which you currently obtain animals, in addition to LAAS.

1. _____

2. _____

3. _____

The information you have provided will assist in the timely processing of your application and is for LAAS administrative use only. Thank you for your time and willingness to save animals' lives through the New Hope Program. If you have any questions, call the New Hope Coordinator at (213) 482-9558.