



Los Angeles Animal Services New Hope Adoption Partner Information

Group/Organization 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: _____

Microchip email (same email to be used by each member to register animals adopted): _____

***Group President or Director:** _____

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 Group President 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 bona fide member of the group. Limit of 5 members, including the President/Director of the group.

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

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 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: _____ _____
3. Describe your adoption process or sanctuary policies. _____ _____

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

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

6. How many animals does your group currently care for, by species ? _____

7. What is the total number of animals that your group is capable of housing/handling, by species ? _____

8. What species do you prefer to handle, and is there any animal size limit? _____

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

1. _____

2. _____

3. _____

Along with this document, please submit the following information/materials:

1. Official notice of IRS 501(C) 3 – Determination Letter.
2. Organization’s Statement of Purpose/Mission that indicates the primary breed that the organization rescues. (Please note that rabbits can only be adopted by authorized rabbit New Hope Rescue Organizations).
3. Organization’s Articles of Incorporation and By-laws.
4. Organization’s adoption application and adoption contract.
5. Any articles or published information regarding your organization.
6. Any additional information you feel may be relevant in support of your application.

The information you provide 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 Program Manager at (213) 482-9556.

For LAAS use only:

GROUP #: _____

DATE RECEIVED: _____

DATE PROCESSED: _____