

**Pet Partnership Application**



Upon Completion, please return to:  
Aggieland Humane Society 5359 Leonard Road Bryan, TX 77807  
General Submission Email to: [operations@aggielandhumane.org](mailto:operations@aggielandhumane.org) and [info@aggielandhumane.org](mailto:info@aggielandhumane.org)  
Specifically, Spay Neuter: [TNR@aggielandhumane.org](mailto:TNR@aggielandhumane.org) Transfer: [Intake@aggielandhumane.org](mailto:Intake@aggielandhumane.org)

Applicant Agency: \_\_\_\_\_  
Agency Mailing Address: \_\_\_\_\_  
Agency Street Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_

**Please provide the following information regarding your Board Members:**

President's or Director's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_  
Treasurer or Finance Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Representative(s) authorized to act on behalf of your organization:**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**In what capacity does your organization wish to partner with Aggieland Humane Society?**

- Transfer Partner
  - To receive pets from Aggieland Humane Society
  - To have Aggieland Humane take in Pets from your organization
- Spay/Neuter Services for Pets in which the agency is the legal guardian.
- General Inclusion in Aggieland Humane Society Events such as Wiener Fest
- Other: \_\_\_\_\_

**Please provide the following information about your organization:**

- Are you a 501.c3/Non-Profit (we will need a copy of your IRS Letter of Determination)
- Other business type: \_\_\_\_\_

What is your organization's Mission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

What primary breed(s) or species of animal(s) does your organization rescue?  
\_\_\_\_\_  
\_\_\_\_\_

**If you are an animal organization we require a reference from each of the following in which you're your organization has a working relationship:**

**Veterinarian**

Doctor's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_  
Clinic's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**Animal Shelter / Humane Society**

Agency: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**Rescue Organization**

Agency: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

If your organization wishes to be a receiving transfer partner, please complete the following:

How many foster homes do you utilize? \_\_\_\_\_

Has your organization had to remove a foster home from the program? If so, why?

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Please provide a breakdown of the fees your organization charges (i.e. fee amount and service provided.)

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Please explain what your organization does with an animal once it is received from Aggieland Humane.

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How long are animals held before the adoption process begins? \_\_\_\_\_

What follow-up does your organization conduct with foster homes and what controls are in place to govern the activities of the foster homes?

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How does your organization limit the intake and dispersal of animals to foster homes?

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List all reasons why an animal might be euthanized by your organization:

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**General Understanding**

Upon approval as a partner with Aggieland Humane Society, we thank you for your efforts to increase the animal lives' saved in the Brazos Area. Please feel free to contact us if you ever have any question.

Approved Pet Partnerships may receive information about upcoming Aggieland Humane Society events. Events may include but are not limited to community wide adoption events and Wiener Fest

Aggieland Humane Society is committed to transparency and our statistics can be found on our website.

We request the following guidelines be agreed to by both organizations and that both Directors actively communicate these guidelines to their members and call each other if un-professional or unkind communication is discovered and needs to be addressed.

All animals will be kept in a safe and humane manner. They will be provided with food, water and shelter at all times. They will receive medical care as needed.

**Positive Attitudes:** In the spirit of lifting up the cause to attract participation from the public, each agency commit to ensuring that their employees, board members and or volunteers, while speaking on behalf of the organization, refrain from defamation, sabotaging, slander, engaging in verbal abuse and ad hominem attacks or other forms of incivility towards or about any other animal welfare agencies or professionals. This of course, does not preclude an agency's leadership from conducting respectful dialogue directly with other agencies when/if concerns arise.

***Our mutual goal is to save lives,  
adopting out healthy spayed/neutered dogs and cats or other animals  
and decreasing the homeless pet population.***

You or your organization may not agree with some of the methods, the policies, the plans or principles of the other organization. You may disapprove of some of the ways they do things, their rhetoric, or their beliefs. But we are talking about details here. If they subscribe to the basic principles of collaboration to save lives and have the good of the animals at heart.

Always keep your focus on what we have in common. We both agree we will not criticize other groups, individuals, plans, policies. Do not allow you/our members to publicly criticize other members and discourage private criticism.

The Partnership agreement can be rescinded with any breach of this agreement.

Be cooperative with those who are working in a different part of this arena than you.

Applicant Director/President

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Transfer Partnerships

It is understood by both parties that the animals being adopted/transferred as companion animals.

Some pets are spayed/neutered by Aggieland Humane Society prior to the date of transfer. Animals not spayed/neutered prior to transfer are to be kept indoors and/or safely confined until the surgery is completed. Any spay/neuter surgeries not completed prior to transfer become the financial responsibility of the accepting agency.

**Sterilization is required under Texas Chapter 828 Health and safety code. Violation of this requirement is a criminal offense, punishable as a Class C Misdemeanor.**

The shelter does not make any warranties or guarantees, expressed or implied, as to the long-term health, bloodlines or temperament of the animal. The Aggieland Humane Society shall be held harmless from any and all liabilities which may arise in connection with the animal and its transfer.

Transportation for animals will be determined on a case by case basis. In some situation AgHS will provide the transportation, in others we may not be able to.

Approved Individuals acting on behalf of your organization.

Name	Title within agency	Drivers License number and state	Phone Number

If your agency uses Petpoint software please list your Shelter ID number: \_\_\_\_\_

Notes or Comments:

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# Spay/Neuter Services

Your agency must agree to each item. Please initial at each line.

1. **Authorization of Procedure:** Our agency is the legal guardian of the animal described and have the authority to grant Aggieland Humane Society (AgHS) and its staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery on the animal named.
2. **Acknowledgement of Risks:** We understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. However, I understand that the operation the agency has elected includes risks that may still occur such as injury, complications, or death of the animal due to the use of anesthetics and drugs, vaccinations, and surgical procedures used and understand that general anesthesia will be administered to the animal for surgery. It is thoroughly understood that AgHS, staff, volunteers, and agents will not be held liable or responsible in any manner and our organization assume all risks.
3. **Additional Procedures:** We understand that if in the course of treatment, a condition is discovered which requires medical attention or an additional procedure; conditions such as flea or tick infestation, hernia repair, pregnancy, cryptorchidism, and/or infections, the attending veterinarian may, at their discretion, perform such procedure.
4. **Acknowledgment of Protocol:** We further understand that as long as, in the opinion of the attending vet, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of animal's sex or medical condition (including pregnancy or underlying disease(s)). I understand that the attending vet can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
5. **Vaccinations:** AgHS recommends the animal be fully vaccinated with DHPP/FVRCP series and Bordatella vaccine, prior to admitting for surgical sterilization. We understand during surgery only, additional vaccines, tests, microchips may be administered if purchased for additional fees. We recognize the pet is at a greater risk of contracting infectious diseases if not fully vaccinated. We release AgHS from liability if the pet shows sign of infectious disease post operatively. In the event the animal contracts an illness while under the care of AgHS, the legal guardian will be responsible for any and all medical treatments and expenses incurred.
6. **Daily Procedures:** We understand a **Surgical Intake form on the day of the surgery will be completed for each animal.** At this time additional services will be determined for that animal by your agency representative and will need to be paid for at drop off time unless billing arrangements have been made prior to surgical date.
7. **Tattoo:** We understand a small green tattoo will be placed on all animal's abdomen.
8. **Pick up:** We also understand that all animals must be picked up from the AgHS at the time designated by the staff on the same day as surgery. If we do not claim the pet on time, it may be reclaimed after payment of additional fees/fines. We understand that after 24 hours the animal will be considered abandoned and the animal will become the property of AgHS in accordance to policy. We understand that once the animal is abandoned, we relinquish all ownership rights but we will still be held responsible for any and all medical costs including room and board fees.
9. **E-Collar:** We have been advised to purchase an E-Collar for all handle-able animals to minimize the chance of animals scratching, licking or biting their incision site and cause a medical emergency.
10. **Cat Carriers and Traps:** We understand all cats must arrive in a separate appropriate humane trap or carrier. If the cat(s) is not in a appropriately designed cat trap (f not handle-able by others) or carrier and cannot be handled by staff safely, it will not receive spay neuter services that day and may be turned away.
11. **Ear tip:** We understand that feral/outdoor cats will have the tip of one ear removed as proof the animal has been surgically sterilized.

Spay/Neuter Surgery Included: Pregnancy, Cryptorchid, and Umbilical Hernia repair	\$65
Microchip	\$25
E-Collar	\$5
Take Home Pain Med	\$10
Antibiotic Meds	\$10
Vaccine/License package Rabies, DHPP/FVRCP, Brazos Co Tag	\$25

by signing below your agency has acknowledged that they have read, understood and agree to all terms listed above and confirm that all information given on this form is correct.

**Applicant**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**To be completed by Aggieland Humane Society:**

Staff member approving: \_\_\_\_\_ Date: \_\_\_\_\_

- All data complete
- Reference check and notes
  - Vet: \_\_\_\_\_
  - Humane Society/shelter: \_\_\_\_\_
  - Rescue Group: \_\_\_\_\_

**Application Status:**

- Denied
  - Return for additional information \_\_\_\_\_
  - Approved
    - To receive transfer
    - As a S/N partner
    - General partnership
- IF Approved:
- Agency Created in Petpoint
    - Agency Representatives created in Petpoint

Staff member approving: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_