

# JRAAR Surrender Network Partner Application

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The goal of JRAAR's Habitattitude Exotic Pet Surrender Events and Network is to maximize and expedite the transfer of adoptable and potentially adoptable animals to bona fide shelters, rescues, and breed placement groups.

## Organization Information

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

EIN: \_\_\_\_\_ Tax Exempt Status: \_\_\_\_\_

## Type of Organization

List species, specific breed and/or mixed breeds that are accepted:

\_\_\_\_\_

\_\_\_\_\_

Number of: Years in operation \_\_\_\_\_ Staff members \_\_\_\_\_ Volunteers \_\_\_\_\_

Geographic Area Covered: \_\_\_\_\_

## Facility Information

Type of Housing Offered: (check all that apply)

Foster Homes  Indoor Enclosures  Outdoor Enclosures  Boarding at vet clinic

Other \_\_\_\_\_

Type of Services Offered: (check all that apply)

Breeder  Referral  Sanctuary  Rescue  Transport  Foster  TNR

Other \_\_\_\_\_

Does your organization have an animal age requirement and/or limitation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify age requirement/limit: \_\_\_\_\_

What is your capacity for animals? \_\_\_\_\_

Are there circumstances under which you would deem an animal to be non-placeable with the general public? Explain: \_\_\_\_\_

If yes, is euthanasia an option at your organization?  Yes  No

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Do you spay/neuter all animals before releasing to a new adoptive home? If not, what animals do you release unsterilized and what are your follow-up protocols to ensure sterilization?

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What is your adoption fee and what services do you provide for that fee?

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## Contact Information

(Please complete for each person acting on behalf of the organization/agency. If more than four, please provide additional names on a separate sheet of paper.)

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Driver's License #: _____	Driver's License #: _____
Date of Birth: _____	Date of Birth: _____

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Driver's License #: _____	Driver's License #: _____
Date of Birth: _____	Date of Birth: _____

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## Animal Shelter References

(Please provide the name(s) of other shelters/agencies that also place animals in your care. If more than four, please provide additional names on a separate sheet of paper.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach a copy of the following documents:

- 1) Organization's Mission Statement and Program Policies
- 2) Organization's Adoption Contract
- 3) Veterinary References

I ATTEST THAT INFORMATION IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title