



PROTOCOLS AND PULL POLICIES FOR RESCUE/FOSTER AGENCIES

Purpose: The Duplin County Animal Shelter (DCAS) has a goal to prevent unnecessary euthanasia, to prevent serious infectious disease spread, and to provide animals for adoption that are not a threat to the public or to other animals.

Scope: Policy applies to Rescues that pull from Duplin County Animal Shelter.

Policy: The staff of the Duplin County Animal Shelter is to adhere to the following procedures concerning animals placed in Rescue or available for adoption.

- 1) Copy of current 501 (c) statuses, all "agents" that will be pulling under your Rescue. All "agents" will need to have ID with proof of address at pick up. The director of the rescue will have to have a signed copy of the Protocol sent to the shelter via email to dcanimals@duplincountync.com, to include the addresses where the animals are to be sent to/kept/boarded to be approved. **Initials:** (____)
- 2) **Rescue must provide a list of all approved pullers for their rescue and they will need to provide DCAS with that information. The person pulling the animal MUST have a valid government ID to pull the animal. Initials:** (____)
- 3) Rescue is to make sure all pull fees are paid in **FULL** before any animal can leave Duplin County Animal Services. **Initials:** (____)
- 4) ANY Rescue/Foster and their "agents" that reside on ANY Military Installation **MUST** have written consent from Base Animal Control and or Military Housing Authority to "pull/house" animals. If animals will not be kept on the Base, addresses **MUST** be provided addresses where the animals are to be sent to/kept/boarded, and **VERIFIED BEFORE** the animal leaves the shelter. **Initials:** (____)
- 5) ALL Rescues and their "agents" will have to provide a written Veterinary reference. **Initials:** (____)
- 6) ALL Rescues and their "agents" will need to submit to a "welfare check"/inspections of ALL premises where animals are being sent to/kept/boarded. Out of County/State addresses will be checked out by their local Animal Services/Control Agencies.

Initials: (____)

- 7) Rescue is to follow all Laws Local and State pertaining to animals. **Initials:** (_____)
- 8) **ALL Rescues and their "agents" are to provide proof of Veterinary care to include but not limited to:**
- a. PROOF of spay/neuter WITHIN 30 days from veterinarian stating your rescue does spay and neuter all animals. **Initials:** (_____)
 - b. Current rabies vaccination for all animals over the age of 16 weeks per NC Law. Over 16 weeks will require vaccination before leaving premises.
Initials: (_____)
 - c. Continuation of care for any animal that is "pulled" requiring veterinary care for medical conditions. **Initials:** (_____)
- 9) ALL Rescues and their "agents" are to use only reputable advertisement sites, such as Pet Finder and Rescue Me. Absolutely **NO** craigslist or yard sale pages. **Initials:** (_____)
- 10) **All animals will be pulled from the hours of 12 to 4:45 Monday thru Friday**
NO EXCEPTIONS Initials: (_____)
- 11) ALL animals leaving with rescue must be crated with crates provided by the rescue. **Initials:** (_____)
- DCAS does NOT provide crates.**
- 12) Rescue understands that once a commitment has been placed by the rescue that animal(s) minimum hold time, **SEVENTY-TWO (72)** hours at DCAS. After minimum hold time the (adoptable/rescue) animal(s) will be placed up for adoption or rescue which is on a first come, first serve basis. Adopters have priority over rescue. **Initials:** (_____)
- 13) Rescue accepts the animal as-is and assume all risk and financial responsibilities of adoption. I release and hold harmless DCAS, its officers and assigns, any previous owner or foster home, ALL liability associated with any illness of the animal, or damage or injury caused by the animal by any means. The Rescue accepts the animal as-is and all liability associated with any illness, health or otherwise of the animal which includes but is not limited to medically vulnerable animals such as neonates, young, weaned, geriatric or infirm animals. **Initials:** (_____)
- 14) I agree to seek immediate veterinary care upon transfer of vulnerable animals. I agree to provide the care recommend by the veterinarian to said animals. **Initials:** (_____)
- 15) I agree to **RETURN** this animal to DCAS upon demand, making no charges of any nature for licensing, care, food, or other services or items and also if for any reason I am unable to properly care for or keep this animal. Rescue agrees to pay any reasonable attorneys' fees, costs and court expenses if DCAS is forced to bring legal action against me to enforce this Agreement. **Initials:** (_____)

16) The Rescue understands any condemnation or denouncing of the Duplin County Animal Shelter or the staff of DCAS will result in automatic dismissal from this program.

Initials: (_____)

17) The Rescue hereby certifies that I am financially and physically able to care for this animal. I understand that if for any reason I am no longer able to keep the animal in my program or do not want the pet any longer; I will notify DCAS at (910) 296-2159 EXT 1 for assistance, in re-homing the pet or to take possession of the pet if necessary.

Initials: (_____)

18) Rescues understand that Duplin County Animal Services reserves the right to deem Animals **Adoptable** or **Non Adoptable** and placed at the discretion of the DCAS Supervisor or his/her Staff, in the best interest of the animal.

Initials: (_____)

19) After 30 days, a FINAL DISPOSITION of the animals "pulled" from DCAS. The Rescue shall file with DCAS with information concerning their current status;

- a. Adopted
- b. Still under Veterinary care
- c. Still in the Rescue/Foster network/system
- d. Euthanized - why

Initials: (_____)

**** ALL ANIMALS LEAVING THE SHELTER MUST BE CRATED! ****

NO EXCEPTIONS

TRANSFER FEES		
CANINE	\$25.00	Exceptions: Unweaned puppies still nursing mom have no transfer fee – Transfer fee applies to mom only.
FELINE	\$20.00 (NO transfer fee unless rabies vaccine is requested by approved rescue contact)	Exceptions: Unweaned kittens still nursing mom have no transfer fee – Transfer fee applies to mom only.

* ALL FEES COVER THE COST OF CARE AND HEALTH FOR THE ANIMALS DURING THERE STAY AT DUPLIN COUNTY ANIMAL SERVICES.*

*** THIS CONTRACT MUST BE SIGNED AND RETURNED FOR APPROVAL, ALONG WITH A WRITTEN VET REFERENCE, A COPY OF A COPY OF 501c3 FOR THE ORGANIZATION, AND A VALID GOVERNMENT ID FOR THE DIRECTOR.***

This information will be filed with your rescue file here at DCAS and is confidential. Once requirements are met, your rescue has approval and unless something changes.

1) & 2) are not necessary to repeat for each pull as it is referring to your approved places, unless changes are made and a need for an update is necessary.

Please understand, if you fail to meet the requirements or to abide by our conditions, you will be let go from the program. We appreciate all that you do, however, we are trying to raise the standards and ensure that the animals that leave here get EVERY chance at a wonderful quality life.

I, _____ UNDERSTAND ALL OF THE REQUIREMENTS AND OBLIGATIONS LISTED ABOVE AND HEREBY AGREE TO THE CONDITIONS SET FORTH BY DUPLIN COUNTY ANIMAL SERVICES.

I, _____ UNDERSTAND IF I SHOULD FAIL TO MEET THIS REQUIREMENTS OR REFUSE TO COMPLY, GIVE FALSE INFORMATION, I WILL BE LET GO FROM THE RESCUE/FOSTER PROGRAM.

PRINT: _____ DATE: _____

SIGNATURE: _____ DATE: _____

RESCUE DIRECTOR:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

VETERINARIAN CONTACT INFORMATION:

CLINIC NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

APPROVED PULLERS

1) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

4) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

2) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

5) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

3) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

6) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

