

Duplin County Animal Services
117 Middleton Cemetery Lane
PO Box 950
Kenansville, NC 28349-0950
Phone: 910-296-2159
Fax: 910-296-0350

New Protocols for Rescue/Foster Agencies

- 1) Copy of current 501 (c) status, 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 bobbie.kennedy@duplincountync.com, to include the addresses where the animals are to be sent to/kept/boarded to be approved.
- 2) Non 501 (c) will need to provide reputable professional references. Must have a tax ID #, 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 bobbie.kennedy@duplincountync.com, to include the addresses where the animals are to be sent to/kept/boarded to be approved.
- 3) 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.
- 4) ALL Rescues and their "agents" will have to provide Veterinary references.
- 5) 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 IF deemed necessary.
- 6) 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.
 - (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.
 - (c) Continuation of care for any animal that is "pulled" requiring veterinary care for medical conditions.
- 7) 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.
- 8) **EVERY RESCUE MUST PROVIDE A STATE RECOGNIZED I.D. IN ORDER TO BE APPROVED. ALL PULLERS MUST PROVIDE A STATE I.D. UPON PICK UP. (PER NC STATE LAW)**
- 9) I hereby certify 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 for assistance, in re-homing the pet or to take possession of the pet if necessary.
- 10) After 30 days, a FINAL DISPOSITION of the animals "pulled" from DCAS shall be filed 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

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

* PULL FEE: \$16 PER PULL (ONLY EXCEPTION IS "BABIES" UNDER 4WKS OLD STILL WITH MOM)
PULL FEE WILL APPLY FOR MOM.

* THIS CONTRACT MUST BE SIGNED AND RETURNED FOR APPROVAL, ALONG WITH A VET REFERENCE, A COPY OF STATE IDENTIFICATION AND A COPY OF 501c3 FOR THE ORGANIZATION.

I accept 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. 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. I agree to pay any reasonable attorneys' fees, costs and court expenses if DCAS is forced to bring legal action against me to enforce this Adoption Agreement. I accept the animal as-is and all liability associated with any illness, health or otherwise of the animal. Liabilities extend to condemnation, any denouncing of the shelter or the staff of Duplin County Animal Services and will result in automatic dismissal from our program.

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, nothing else will be required at a later date.

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.

SIGNED: _____ DATE: _____
PRINT: _____
WITNESS: _____ DATE: _____
PRINT: _____

FOR RESCUE DIRECTOR:

NAME _____
ADDRESS _____

PHONE NUMBER _____
VETERINARIAN PHONE NUMBER _____

FOR FOSTER/PULLER:

NAME _____
ADDRESS _____

PHONE NUMBER _____

VETERINARIAN PHONE NUMBER _____