



Homeward Bound Animal Placement Program Application
Chicago Animal Care and Control
 2741 S. Western Ave.
 Chicago, IL 60608



The Homeward Bound Animal Placement Program is an effort with private organizations to place all adoptable animals. Organizations visit our facility daily and take animals that have met the legal holding period. These animals may not have been evaluated by our shelter or veterinary staff, but may be available for transfer by an organization that chooses to take them. CACC maintains the right to deny an application based on findings and/or limit the number of Homeward Bound partners at any time.

CONTACT INFORMATION

The information you write in this section will be available to the public through the Freedom of Information Act. For more information on this, please view our Homeward Bound Animal Placement Policy.

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ County: _____

Are you a National Organization: Yes No Website: _____

STATEMENT OF PROGRAM GOALS

Please state your goal for the number of animals you will attempt to transfer from CACC annually: _____

Why do you want to transfer animals from CACC: _____

LICENSE INFORMATION

Please submit a copy of all of your current license(s)/permits – ie. Dept of Agriculture, 501c3, business license, Sec of State.

State of incorporation, state of formation, or state of organization: _____ Do you have a 501(c)(3)? Yes No

Form of business entity (ie: corporation, not for profit corporation, partnership, limited liability company, etc): _____

State(s) where operate: _____

State of IL Department of Agriculture Animal Shelter License Number (if applicable): _____

For applicants located outside of Illinois, does your state require licensing for the services you provide (i.e. animal shelter, animal rescue, etc)? Yes No What does your state require?: _____

If yes, please provide applicable licensing information: License Number: _____ State Agency: _____

ABOUT YOUR ORGANIZATION

Mission Statement: _____

List species, specific breed and/or mixed breeds that you will pull from CACC: _____

States covered when transferring: _____

Does your organization have the resources to accept specialty medical cases: Yes No

Do you have any animal breed or type (medical, behavior, species) restrictions when pulling: Yes No

If yes, what are your restrictions: _____

How does your organization track animal inventory (intake/outcome): _____

Animal Intake previous year: _____ Number of adoptions from previous year: _____

Number of years in operation: _____ Staff Members: _____ Volunteers: _____

Type of services offered by your organization: (check all that apply)

Adoption Rescue Foster Referral/Transfers Breeder Other _____

Type of housing offered: (check all that apply)

Foster Homes Indoor Kennels Outdoor Kennels Boarding Private Kennel/Cattery Other _____

If housed at a kennel, boarding facility, or cattery, what is the name, location and how long are animals kept at this location:

How does your organization obtain animals: Owner Surrenders Strays Transfer (Please list any Chicago Area shelters you partner with) Other _____

If you have a facility, list facility capacity (do not include foster homes): Dogs: _____ Cats: _____ Other: _____

If you have foster homes, please list number of fosters: _____ Which state(s) are your fosters located: _____

Tell us about your foster process : _____

Are there circumstances under which you would deem an animal to be non-placeable with the general public? Yes No

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

Under what circumstances would euthanasia be an option: _____

Do you spay/neuter all animals before releasing to a new adoptive home? Yes No

If no, what animals do you release unsterilized, when would they be sterilized, and how do you verify?

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

Where do your adoptions take place: _____

For out of state organizations: How do you plan on transporting animals from CACC into your state?: _____

CONTACT INFORMATION/AUTHORIZED REPRESENTATIVES:

Please complete for each person acting on behalf of the organization. These will be the only people allowed to place holds, request status information and transfer animals from CACC. No more than 6 representatives are allowed. Each member listed below is REQUIRED to sign the Confidentiality Agreement and Code of Conduct prior to being approved to work with CACC (See Pages 4- 6).

PRIMARY CONTACT

It is preferred that the primary contact be the president or vice-president of the organization. *Please indicate preferred method of contact with a (*).*

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REFERENCES: All references should have had a minimum of a 6 month partnership to be considered a reference.

References can sometimes take time for CACC to review pending response of the reference. To expedite your references, we strongly encourage your organization to submit references along with the application. Please feel free to use the provided document “HB Reference Responses” to assist in completing the reference checks. The references can also submit their responses on their letterhead with the information requested.

The below reference listing is for any other reference *not* submitted along with the application:

Veterinary References - *(Please provide veterinarians/clinics your organization uses)*

Name of Clinic and Contact Person _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Name of Clinic and Contact Person _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email _____

Shelter References - (Please provide names of other AC's, shelters, organizations that you transfer animals from).

Name of Shelter: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Name of Shelter: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Foster References - (Please list contact information for fosters of your organization)

Name of Foster: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Name of Foster: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Training/Boarding References - (Please provide contact information for additional services your organization utilizes if applicable)

Name of Facility: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Name of Facility: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Name of Contact: _____
Direct Line: _____ Email: _____

Please be aware that references will be checked and statistical information may be requested on transferred animals prior to approval of your application. Statistical information may include but is not limited to the number of animals adopted, number of animals euthanized, number of animals transferred to licensed rescue, number of animals relocated.

CONFIDENTIALITY AGREEMENT

The City of Chicago, has agreed to allow _____ (transfer group's name) to transfer animals from the City of Chicago, Department of Animal Care and Control on the date the application is approved.

I, as a representative of the transfer group listed above, hereby acknowledge that during the course of, transfer groups name listed above, activities and or related to CACC, some of the information that I handle may be privileged, confidential and exempt from disclosure under applicable law. I acknowledge that any dissemination, distribution or copying of this information for any purpose other than for what it is intended, is strictly prohibited.

I, as a representative of the transfer group listed above, also agree that under no circumstances during my temporary assignment or thereafter, for as long as said information remain confidential, will I break this Confidentiality Agreement without written consent from the City of Chicago. The information provided for your group may be FOIA (Freedom of Information Act) requested at any time from the City of Chicago.

The information provided above, or future updates to your information, may be provided in response to a request of information about a transferred animals or information on transfer partners with CACC's Homeward Bound Program.

CODE OF CONDUCT

Chicago Animal Care and Control ("CACC") is committed to high ethical and legal standards, and the principles of respect, compassion, fairness and dignity in all its animal control and sheltering interactions, and in its interactions with volunteers, transfer agencies, employees and the public. Dedicated rescue agencies are essential for helping CACC uphold this commitment, and CACC is grateful for each dedicated group. CACC can be a physically and emotionally challenging place to work in. Notwithstanding, all individuals agree to abide by the following Code of Conduct:

- I will abide by all rules, policies and procedures in the Homeward Bound Animal Placement Policies.
- I will treat each CACC manager, employee, volunteer, and member of the public served by CACC with respect & dignity.
- I will treat all animals with compassion & respect, and NEVER intentionally harm an animal.
- I will not disrupt or interfere with the daily work of CACC managers or employees except for emergencies, or engage in confrontational, discourteous, or harassing behavior with any CACC manager or employee.
- I will not enter restricted areas of the facility unless I request permission and obtain it, and am accompanied by a CACC manager or employee.
- If I am unsure of an answer, policy, or procedure or have a concern/complaint, I will defer to CACC's Animal Placement Coordinator, Shelter Manager, or designee.
- I will alert CACC's Animal Placement Coordinator, Shelter Manager or designee of any health or behavioral concerns, or kennel condition concerns that I may have about any animal in the facility.

Each organization is required to ensure that all members of their organization, including but not limited to staff, volunteer and foster parents, abide by the CACC Code of Conduct. It is the responsibility of each rescue organization to ensure that its members follow CACC's Code of Conduct. Failure to follow the Code of Conduct by any member may be grounds for automatic termination of the member and/or group from the Homeward Bound Program.

I have read and understand the Chicago Animal Care and Control (CACC) Homeward Bound Animal Placement Policy, Confidentiality Agreement, and Code of Conduct. I agree to abide by them and I understand that my transfer agency service can be terminated by CACC management at any time, with or without notice. I understand that it is each group's responsibility to ensure that each member of its organization knows, understands and abides by these policies.

I attest that information in this document is true and accurate to the best of my knowledge. By signing below I agree that I am authorized to speak on behalf of said organization and all of its representatives.

Authorized Representative 1 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 2 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 3 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 4 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 5 Signature: _____ Date: _____

Printed Name: _____

Authorized Representative 6 Signature: _____ Date: _____

Printed Name: _____

Application Submission Checklist:

- Application filled out in completion
- Applicable licenses/permits (ie: Dept of Agriculture, 501c3, business license, Sec of State)
- References (see page 3 for information)
- Any other supplemental information (handouts, flyers, foster or adoption application, etc) if you'd like to provide

**Once completed, please submit this application to
Chicago Animal Care and Control**

2741 S. Western Ave. Chicago IL 60608.

ATTN: Animal Placement Coordinator Office

Applications can be emailed to CACCRescue@cityofchicago.org or also be faxed to (312) 747-1409.

The preferred method of submission of all documents is via email.

TO BE FILLED OUT BY CHICAGO ANIMAL CARE & CONTROL

Name of employee that received application: _____ Date received application: _____

State license: _____ 501c3: _____ City License: _____

Application approved: Yes No By: _____ Date: _____

Signature