

Los Angeles Animal Services New Hope Adoption Partner Information

P# _____

Group Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
Email: _____	Website: _____	

Group President or Director: _____		
Home Phone: _____	Work/Alt. Phone: _____	Alt. Phone: _____
Email Address: _____		

Contact for Quarterly Reports: _____		
Home Phone: _____	Work/Alt. Phone: _____	
Email Address: _____		

Contact for License/Transfer of Ownership: _____		
Home Phone: _____	Work/Alt. Phone: _____	
Email Address: _____		

The Adoption Partner authorizes the following persons to enter into an agreement for a New Hope adoption from LAAS and to remove the animal once formally adopted. Add additional names on a separate sheet of paper.

Name:	Phone:	Alternate Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please respond to the following:

Primary Veterinarian	
Clinic Name: _____	
Address: _____	
Phone: _____	Fax: _____

Alternative Veterinarian
Clinic Name: _____
Address: _____

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Phone:	Fax:
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On a separate sheet of paper:

- Describe where the animals will go after they leave LAAS but before a permanent home is found.
- Describe your adoption process. Please include how and where you perform adoptions.
- List three references for your group. Please include one adopter that is not currently a member of the organization.

Reference Name No. 1:	
Address:	
Phone:	Years Known:
Reference Name No. 2:	
Address:	
Phone:	Years Known:
Adopter Name:	
Address:	
Phone	Adoption Date:

<u>Please provide the following information to the best of your ability:</u>
1. Official notice of 501C-3 status.
2. Any articles or published information regarding your organization.
3. Any additional information you feel may be relevant in support of your application.

The information you have provided will assist in processing your application.

Thank you for your time and willingness to save animals' lives through the New Hope Program.

If you have any questions, call the New Hope Coordinator, Aaron Owen at (213) 485-8542.