



## Los Angeles Animal Services New Hope Adoption Partner Information

Date: \_\_\_\_\_

Group P#: \_\_\_\_\_  
(To be assigned by LAAS)

Group Name: \_\_\_\_\_

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

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

Phone (that will be responded to within 24 hrs): \_\_\_\_\_ Fax: \_\_\_\_\_

Email (that will be responded to within 24 hrs): \_\_\_\_\_ Website: \_\_\_\_\_

Group President or Director\*: \_\_\_\_\_ P # (assigned by LAAS): \_\_\_\_\_

Home Phone: \_\_\_\_\_ CDL #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/ Alt. Phone: \_\_\_\_\_

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

\* Person responsible for accurate completion of this form and for providing updates or changes in writing

Contact for Monthly 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. Each member listed below must be a bona fide member of the group. Add additional names on a separate sheet of paper if necessary.

Name: \_\_\_\_\_ Phone/Alt. Phone: \_\_\_\_\_ CDL #: \_\_\_\_\_ P# (assigned by LAAS): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Please respond to the following:**

<b>Primary Veterinarian</b>	
Clinic Name: _____	
Address: _____	
Phone: _____	Fax: _____

<b>Alternative Veterinarian</b>	
Clinic Name: _____	
Address: _____	
Phone: _____	Fax: _____

**List three references for your group.**

**Please include one adopter that is not currently a member of your organization**

<b>Reference Name No. 1:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____	<b>Years Known:</b> _____
<b>Reference Name No. 2:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____	<b>Years Known:</b> _____
<b>Adopter Reference Name:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____	<b>Years Known:</b> _____

**Please provide the following information:**

1. Official notice of IRS 501(C) 3 status
2. Organization's statement of purpose that indicates the primary breed that the organization rescues. (Please note that rabbits can only be adopted by authorized rabbit New Hope Partner organizations.)
3. Organization's adoption application and adoption contract
4. Any articles or published information regarding your organization.
5. Any additional information you feel may be relevant in support of your application.

**Please answer the following questions (use a separate sheet of paper if necessary):**

1. How long has your group been in animal rescue?

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2. Describe where the animals will go after they leave LAAS, but before a permanent home is found:

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3. Describe your adoption process. Please include how and where you hold adoptions:

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4. Do you take back adopted animals?  Yes  No Explain:

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5. Approximately how many animals are cared for/adopted by your group yearly?

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6. How many animals does your group currently have in foster care (Under/over 6 mos.)?

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7. What is the total number of animals that your group is capable of housing/handling (Under/over 6 mos.)?

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8. What is your preferred breed? Size limit?

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9. List all the places from which you currently obtain animals, in addition to LAAS.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***The information you have provided will assist in the timely processing of your application and is for LAAS administrative use only. 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 at (213) 482-9558.***