



Los Angeles Animal Services New Hope Program Agreement

Date:				
Organization President or Authorized Member:				
Group/Organization Name:				
Address:				
Phone:	Email:	Fax:		
I Request New Hope Privileges For (Check Each Requested):	Dogs:	Cats:	*Rabbits:	*Equine:
<i>*Must be an approved rabbit/equine rescue</i>				

Please read each of the following statements and initial next to each one to indicate that you and your organization agree to abide by them.

_____The organization named above requests to become a New Hope Rescue Partner in the New Hope Program. We have read, understand, and abide with the “New Hope Program Purpose, Policy, Procedure, and Partnership” document revised on August 31, 2016.

_____We agree to provide proper care including adequate food, water, shelter, safe containment, appropriate veterinary care, adequate exercise and humane treatment for the animal(s) at all times.

_____We agree that dogs, cats, and rabbits will be microchipped before removal from Los Angeles Animal Services (LAAS) Animal Shelters, unless microchipping is deemed unsafe by LAAS medical team.

_____We agree to register our rescue with Found Animals Foundation for microchips by going on their website. Each member of the rescue group will use the same email address for processing microchip registrations for each animal they adopt from LAAS. Visit www.found.org for more information.

_____We agree to transfer ownership to the animal’s adopter within 30 days of a legal adoption by a new owner from the New Hope Rescue Partner organization. The Department requires that both the adopter and New Hope Rescue Partner be listed as registrants on the microchip. The adopter should be listed as the primary registrant and the New Hope Rescue Partner as the secondary registrant. Visit www.found.org for more information.

_____We agree that all animals released from LAAS will be sterilized and vaccinated. Only LAAS Veterinarians and Veterinary Technicians may exempt a dog, cat, or rabbit from sterilization and/or from vaccinations and only for extraordinary medical reasons. Equine is exempt.



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_____ We agree that all unsterilized animals released from LAAS into our organization must be sterilized prior to placement in a permanent home. The cost of the sterilization will be the expense and responsibility of our organization, unless otherwise provided by LAAS under the New Hope Program.

_____ We agree that, for every dog or cat of any age released unsterilized from LAAS into our organization, we shall provide LAAS proof of the animal's sterilization **within 30 days** from the date of adoption from LAAS, or provide a statement of further spay/neuter deferral from a licensed California veterinarian every 30 days, or until proof of the animal's sterilization is provided, or until a licensed California veterinarian recommends permanent spay/neuter deferral, or until the animal is deceased. Under no circumstances will any animal adopted from LAAS by a New Hope Rescue Partner be allowed to breed.

_____ We agree to write/add the animal identification number on each certificate before submitting to the New Hope Manager. We understand that certificates without an animal ID will not be accepted.

_____ We understand all dogs must be licensed unless the dog is removed from the City of Los Angeles within 24 hours. The New Hope Rescue Partner will encourage new dog owners to license their animal in the jurisdiction in which they reside and will report to LAAS the name and address of adopters and transferee organizations of dogs for licensing follow-up purposes if the adopter lives in the City of Los Angeles. The New Hope Rescue Partner will also report name and address of dog and cat adopters that reside inside and outside of the City of Los Angeles for statistical use.

_____ We understand all equine must be licensed unless removed from the City of Los Angeles. The New Hope Rescue Partner will encourage new equine owners to license their animal in the jurisdiction in which they reside and will report to LAAS the name and address of adopters and transferee organizations of equine for licensing follow-up purposes if the adopter lives in the City of Los Angeles. The New Hope Rescue Partner will also report name and address of equine adopters that reside outside of the City of Los Angeles for statistical use.

_____ We agree that our organization will pay all applicable costs required by LAAS under the New Hope policy.

_____ We agree to provide and maintain a contact email and contact telephone number to adopters and LAAS that will be reviewed and responded to within 24 hours.

_____ We agree that ownership of every animal adopted/rescued by our organization from LAAS will transfer to our organization, and that our organization will remain as owner of the animal(s) until the legal adoption of the animal(s) to a new owner. We further agree that our organization shall be fully liable for all costs for the care and or/recuperation of, or damage done by the animal(s), during the time our organization is owner of the animal(s).

_____ We agree that each person authorized to adopt animals through the New Hope Program in the name of our organization are bona fide members of our organization. Anyone adopting an animal for our organization will present their valid driver's license to verify their identification upon request. We understand



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that LAAS forbids New Hope Rescue Partners from adopting animals in the name of any non-member of the New Hope Program and that they may not extend adoption privileges in the name of their organization to any person adopting for private or other purposes.

_____We agree that if an animal adopted by our organization cannot be rehabilitated or otherwise cannot be kept or adopted out, then the animal may be returned to LAAS and no refunds will be given.

_____We understand that when a member of the public and a New Hope Rescue Partner are present to adopt at the same time and both are interested in adopting the pet, the New Hope Rescue Partner will back out of the adoption and allow the member of the public to adopt. Under no circumstances will a New Hope Rescue Partner participate in an auction, whether they are representing their rescue or themselves. In addition New Hope Rescue Partners will not ask others to participate in an auction on their behalf.

_____We understand except as provided in the Hayden Act or other applicable laws, the Department in its discretion may decline to make particular animals available to New Hope Rescue Partners or other rescues based on a number of factors, including but not limited to: ownership disputes, evidence holds, upcoming event holds, or animals declared dangerous. Nothing in this Agreement grants New Hope Rescue Partners the right or entitlement to receive any particular animal(s) from the Department.

_____We agree that a New Hope Monthly Report will be completed online each month, and shall include the status report on all animals adopted from LAAS under the New Hope Program, including second- and third-party adoption status, and the name and address of all adopters and transferee organizations located inside and outside the City of Los Angeles. In the case of dogs/equine, the name and address of adopter residing in the City of Los Angeles is for licensing follow-up purposes; and, for dogs and cats, the name and address of adopters residing inside and outside the City of Los Angeles for statistical use.

_____We agree to provide written notification **in advance** of transferring/transporting animals to other agencies, groups and/or municipal shelters to LAAS. We understand that the receiving agency, shelter, or group must be a 501(c)(3) or a Municipal Shelter. (Refer to the "New Hope Program Purpose, Policy, Procedure and Partnership" document for full requirements to be included in the written notification).

_____We agree that we will only transfer LAAS animals to rescues which are a 501(c)(3) rescues and/or municipal shelters if the receiving organization is a No-Kill organization or one that provides an adoption guarantee. This assumes that the receiving shelter must not kill any of their current population to make room to take our animals.

_____We understand that New Hope Rescue Partners who fail to submit their completed monthly reports by the date requested for two or more months will be suspended until their reporting is brought up-to-date. We understand that processing the reinstatement of privileges may not be immediate.

_____We agree that LAAS may ask to see receipts for medical and/or boarding costs incurred, and/or proof of third-party adoption records at any time for reasonable cause, for animals received by the organization through LAAS' New Hope Program.



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_____ We agree that New Hope Rescue Partners are not exempt in any way from, and that our organization will comply with, any and all applicable laws, ordinances or LAAS rules and regulations regarding animals and animal care. We agree that New Hope Rescue Partners are not exempt in any way from any applicable rights and obligations of LAAS or law enforcement agency to inspect property and premises.

_____ We understand if LAAS is notified there are any problems complying with the conditions of this Program (such as housing, food availability, personal crisis, etc.), then LAAS reserves the right to determine what action, if any, may be taken upon notification of non-compliance, including possible impoundment of the animal(s).

_____ We agree that all dogs owned by persons invested with responsibility to pull/adopt animals for our organization will be licensed within the jurisdiction where they reside.

_____ We have reviewed and will adhere to the LAAS Value Statement in our dealings with LAAS, other New Hope Rescue Partners, the public or media.

_____ We will ensure that we speak directly to the New Hope Coordinator (if applicable), Animal Care Technician Supervisor, New Hope Program Manager, Director of Field Operations, and/or General Manager or the General Manager's designee, following the prescribed chain of command, if an issue of concern arises, rather than complaining to staff, volunteers, the public, or media.

_____ We agree that any changes or updates to the New Hope Rescue Partner information or organization structure and operation must be made in writing, on letterhead, by the Rescue Group President or Director, and submitted with an original signature to the New Hope Manager.

_____ We understand that any violation of the terms of this Agreement may result in suspension or termination from the New Hope Program. In the event a New Hope Rescue Partner does not comply with any of the above, the General Manager, Director of Field Operations, or New Hope Program Manager, following an investigation of the incident, may suspend or terminate all New Hope privileges. Any appeal for suspension or termination of New Hope Rescue Partner privileges must be addressed to the General Manager within 15 days of the suspension or termination. The General Manager, Director of Field Operations, New Hope Program Manager or the General Manager's designee shall have the final discretion on whether to reinstate New Hope Rescue Partner privileges.

_____ Except for the active negligence or willful misconduct of the City of Los Angeles, or any of its Boards, Officers, Agents, Employees, Assigns and Successors in Interest (CITY), we undertake and agree to defend, indemnify and hold harmless CITY and any of its Boards, Officers, Agents, Employees, Assigns, and Successors in Interest from and against all suits and causes of action, claims, losses, demands and expenses, including, but not limited to, attorney's fees and cost of litigation, damage or liability of any nature whatsoever, for death or injury to any person, including our employees and agents, or damage or destruction of any property of either party hereto or of third parties, arising in any manner by reason of the negligent acts, errors, omissions or willful misconduct incident to the our performance under this New Hope Agreement. The provisions of this paragraph survive expiration or termination of this New Hope Agreement.



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_____ I (We) have fully read and fully understand these conditions and agree to the conditions on behalf of the organization. The information contained in the New Hope Program Application is true and correct.

Group/Organization Name:	
Printed Name of President/Director or Authorized Member:	
Date:	
Signature:	Title:
Printed Name of Secondary Authorized Member:	
Date:	
Signature:	Title: