



## **County of San Diego Department of Animal Services Rescue Partner Information and Application**

Thank you for your interest in partnering with the Department of Animal Services. Your efforts to join with us in support of the animals of the region are greatly appreciated! By becoming a Rescue Partner, we will save lives together!

**Our Mission:** To protect the health, safety, and welfare of people and animals

**We value:** Integrity, compassion, teamwork, innovation and operational excellence.

**Our vision:** Is to become an animal services organization known for its transparency, and effectively promoting the humane and responsible care of companion animals, reducing the euthanasia of sheltered animals, and responding to the needs of the community.

**Our Service Areas:** We provide service to all unincorporated communities of San Diego County and the Cities of Carlsbad, Del Mar, Encinitas, San Diego, Santee, and Solana Beach. Residents of other cities should contact their local municipality for assistance.

**What We Do:** The Department of Animal Services (DAS) protects the public from dangerous animals, protects animals from abuse and neglect, and saves the lives of thousands of unwanted, abandoned, or lost pets each year; and provides animal-related law enforcement, sheltering, medical, and pet adoption services. Over 25,000 animals enter the department's three shelters annually.

**Our Services:** We provide a variety of community services, including:

- Law Enforcement (Animal Protection, and Public Protection)
- Rabies Vaccination, Licensing, and Microchipping
- Sheltering and Veterinary Medical Services
- Lost and Found
- Pet Adoptions
- Pet Altering Referrals (Spaying/Neutering)
- Spay/Neuter Rebate Coupon Program, when available
- Volunteer Opportunities
- Public Education
- Disaster Preparedness and Emergency Response

### **Euthanasia Reduction Policy**

**Background:** The word "Euthanasia" means the intentional causing of a painless and merciful death. Animal sheltering agencies have a mandate to provide a humane death for those animals whose lives must be ended. These include animals that are fractious to people or animals, or animals that are suffering from or afflicted with a medical condition that cannot be rehabilitated with reasonable efforts, and animals whose owners request euthanasia.

The Department is committed to using its best efforts to avoid euthanasia of healthy and reasonably well-adjusted animals, as well as those animals where reasonable medical treatment or behavior modification will enable them to become healthy and socialized pets.

**Policy:** It is the policy of the State that no adoptable or treatable animal should be euthanized if it can be adopted into a suitable home.

Our commitment to responsible sheltering practices requires that we use and document reasonable efforts to place adoptable, treatable, or manageable animals in an adoptive home or with an animal sheltering agency or animal rescue organization.

All applicable Department staff members involved in the euthanasia process is expected to perform this responsibility in a humane and respectful manner with compassion toward the animals.

## About the Rescue Partner Program

The Department of Animal Services partners with only those organizations that have a 501(c)(3) status **or** state nonprofit corporation status.

### **Adoption Fees**

Adoption related fees are waived for approved organizations. If the department alters the dog or cat, there may be fees. All animals eight-weeks of age and older must be spayed or neutered prior to adoption. However, the department may exit the animal unaltered to a Rescue Partner as the rescue is bound by the same law to alter the animal prior to permanent placement. This cost is at the Rescue Partner's expense.

Additional fees may apply in cases involving the altering of animals that are pregnant, in heat, cryptorchid, or in need of umbilical or inguinal hernia repair. We will continue to provide rabies and canine or feline vaccinations to eligible animals, and microchip identification without additional costs to you.

### **Release Authorization**

Our Supervising Animal Care Attendants will contact you when an animal is need of exiting. An authorized representative of your organization may also contact our animal care staff if they would like to exit. If the animal is authorized for release, you will be given a **Rescue Release Authorization Form**. Once you have placed the animal in a permanent home, you are obligated under the agreement to return the form to us with the new owner information. *Note: If exiting equines, the Department will need to know the address of where the horse(s) are going prior to exit.*

### How to Become a Partner

1. Complete the attached **Rescue Partner Agreement Application**. Must be reviewed and signed by the organization's authorized representative (Director/President/Board Member) before moving forward;
2. Provide copy of 501(c)(3) status;
3. Review and approval can take up to 15 business days. You will receive status notification via email or regular mail (as applicable). The notification will include copies of related correspondence for your records.
4. Approved organization's contact information will be posted on our **Rescue Partner Breed List** via our website for public access at:  
[http://www.sddac.com/content/dam/sdc/das/pdf/rescue\\_partners/Adoption\\_Partner\\_Breed\\_Listing.pdf](http://www.sddac.com/content/dam/sdc/das/pdf/rescue_partners/Adoption_Partner_Breed_Listing.pdf)

Again, thank you for your interest and participation in this worthwhile program and for helping us help them!

If you have any questions, feel free to contact us at 619-767-2605.



# Rescue Partner Agreement Application Form

## Please tell us about your organization:

Does your organization have a 501c(3)? ☐ Yes, a copy is attached.

**IMPORTANT:** Your organization's Name, Website, and Business Phone number, will be made available on the **Rescue Partner Breed Listing** for public access via our website at [www.sddac.com](http://www.sddac.com). Please let us know how you would like your contact information listed:

☐ Okay to list Business Phone number ☐ Visit website

Please return entire form along with Agreement, and copy of 501c (3) to:

County of San Diego  
Department of Animal Services 5821  
Sweetwater Rd.  
Bonita CA 91902

Attn: Administrative Secretary

Email: [dasinfo@sdcounty.ca.gov](mailto:dasinfo@sdcounty.ca.gov)

Fax: 619-767-2706

Organization Name

Street Address (P.O. Box not acceptable)

City

State

Zip

Mailing Address (if different from above)

City

State

Zip

Business Phone

Primary Contact Name

Website

## What type of animal(s) does your group rescue? Please include description.

☐ Birds:

☐ Cats:

☐ Dogs:

☐ Equines:

☐ Farm:

☐ Fish:

☐ Rabbits & Small Animals:

☐ Reptiles:

## What type of organization are you considered?

☐ Breed Rescue Group

Part of a dog or cat breed club who are interested in saving the animals of their specific breed from being euthanized.

☐ All Breed Rescue Group

☐ Breed Rescue Group  
(breed specific)

## Parameters

The Department of Animal Services works closely with our approved rescue partners so that together we may reduce the number of unwanted animals that are euthanized. To help our staff work more expeditiously with you, we ask that you identify for us any particular parameters you may have when it comes to acceptance of an animal into your program. As an example: Many of you will accept any animal; some accept only a specific breed and may accept clear crosses of that breed. Others may have specific requirements (less than three years old; weigh not more than XX pounds; no injuries; etc.).

Another issue of concern might be the observed (or known historical) behaviors of the dogs. We will let you know what we see in the shelter, but sometimes, those behaviors are not necessarily reflected in a home environment. On the other hand many of you want to be called regardless of what we see because how the dog behaves here may or may not be an indicator of future behavior. In other words, some of you might accept our observations as "gospel" and don't want to be called and others still want to be called. For those of you who don't want to be called for some of the behaviors we are documenting, we would like to have that in writing to avoid any misunderstandings. We prefer you visit the dog and make your own decision but we also understand if that is too time consuming. This way, we will not bother you with a call/e-mail for animals that fall outside those guidelines. You may, at your pleasure, modify these parameters at any time.

Please indicate in the space below any parameters you may have: (attach additional page if needed)

## Exit Authorization

By completing this form, you are authorizing the individuals named below to exit animals from our three shelter locations on your organization's behalf under the Rescue Partner Agreement. This information will be entered into the Department's database for reference. We will ensure that only those individuals you authorize will be able to exit animals under your organization's name. All information is confidential, and is for departmental use only. Please select the shelter preference below.

Please use the space below to add persons to your exit list:

### Primary Contact

The organization's representative or designee (Director, President, or Board Member) authorized to make changes to the organization's contact information and Authorized Exit list.

### Authorized Exit

May contact our Supervising Animal Care Attendant about the animal they would like released. In most cases, we will contact the Primary regarding an animal available for release. **Note:** Please have Animal ID and Kennel number available.

### Transporter Only

Picks up animals from our three shelter locations to transport to designated location. Arrangements are coordinated by the Primary Contact.

		<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Authorized Exit	<input type="checkbox"/> Transporter Only	Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita		
1.	Name (First and Last)						
	Residential Address (P.O. Box not acceptable)		City	State	Zip		
	Home	Cell	Work	E-mail			
2.			<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Authorized Exit	<input type="checkbox"/> Transporter Only	Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)						
	Residential Address (P.O. Box not acceptable)		City	State	Zip		
	Home	Cell	Work	E-mail			
3.			<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Authorized Exit	<input type="checkbox"/> Transporter Only	Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)						
	Residential Address (P.O. Box not acceptable)		City	State	Zip		
	Home	Cell	Work	E-mail			
4.			<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Authorized Exit	<input type="checkbox"/> Transporter Only	Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)						
	Residential Address (P.O. Box not acceptable)		City	State	Zip		
	Home	Cell	Work	E-mail			

Authorized Signature

Print Name

Date

## Additional page (Exit Authorization)

5.	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized Exit <input type="checkbox"/> Transporter Only Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)	
	Residential Address (P.O. Box not acceptable)	City State Zip
	Home Cell Work E-mail	

6.	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized Exit <input type="checkbox"/> Transporter Only Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)	
	Residential Address (P.O. Box not acceptable)	City State Zip
	Home Cell Work E-mail	

7.	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized Exit <input type="checkbox"/> Transporter Only Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)	
	Residential Address (P.O. Box not acceptable)	City State Zip
	Home Cell Work E-mail	

8.	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized Exit <input type="checkbox"/> Transporter Only Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)	
	Residential Address (P.O. Box not acceptable)	City State Zip
	Home Cell Work E-mail	

9.	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized Exit <input type="checkbox"/> Transporter Only Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)	
	Residential Address (P.O. Box not acceptable)	City State Zip
	Home Cell Work E-mail	

10.	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized Exit <input type="checkbox"/> Transporter Only Shelter Preference: <input type="checkbox"/> All <input type="checkbox"/> San Diego <input type="checkbox"/> Carlsbad <input type="checkbox"/> Bonita	
	Name (First and Last)	
	Residential Address (P.O. Box not acceptable)	City State Zip
	Home Cell Work E-mail	

AGREEMENT BETWEEN THE COUNTY OF SAN DIEGO  
DEPARTMENT OF ANIMAL SERVICES AND  
  
FOR THE RELEASE AND ADOPTION OF ANIMALS

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between the County of San Diego Department of Animal Services (hereinafter referred to as "Department") and \_\_\_\_\_ (hereinafter referred to as "Adoption Organization") for the purpose of placing shelter animals with Adoption Organization.

WHEREAS, in operating public animal shelters, the Department cares for stray and relinquished animals, and has a substantial interest in the adoption of suitable animals not redeemed by their owners;

WHEREAS, it is the policy of the County of San Diego that no healthy/friendly or treatable shelter animal should be euthanized if the animal can be adopted into a suitable home;

WHEREAS, the Department wishes to release shelter animals that might otherwise be euthanized to animal rescue or adoption organizations for the purpose of finding suitable adoptive homes; and

WHEREAS, Adoption Organization is an animal rescue or adoption organization and wishes to obtain Department animals for the purpose of finding suitable adoptive homes.

The Department and Adoption Organization mutually agree as follows:

1. The Adoption Organization may submit a request in writing, or other manner approved by the Department, for the release of a shelter animal. In making animals available for adoption under this agreement, the Department may specify which animals it believes are suitable for adoption. Notwithstanding the above, Adoption Organization acknowledges that it is their responsibility to determine where animals obtained from the Department are suitable for adoption. Adoption Organization also acknowledges that the Department and the County of San Diego do not warrant in any way the adoption suitability of any animal released by the Department.
2. Adoption Organization shall provide animals obtained from Department with a healthy, clean, and safe environment and shall provide the animals with necessary and prompt veterinary care, nutrition, and shelter at the Adoption Organization's expense. Because of Department's interest in protecting the health, safety, and welfare of people and animals, Department shall have the right to inspect, without prior notice, any premises maintained by Adoption Organization where any animal obtained from the Department is kept or maintained.

3. In receiving animals from the Department, Adoption Organization and its members shall comply with any and all animal-related laws and regulations, including all applicable zoning laws and permit requirements. Violation of the above requirements may result in forfeiture of such animals to Department and/or may result in Department's refusal to provide more animals to Adoption Organization until the Department is satisfied that the Adoption Organization can properly care for such animals. Adoption Organization shall not transfer the custody or ownership of any animal obtained from Department to any individual or organization where the keeping of such animal by such individual or organization will violate any animal-related laws or regulations, zoning provisions, or permit requirements. Violation of the above requirement may result in the Department's refusal to provide additional animals to Adoption Organization.
4. Adoption Organization shall comply with all dog-licensing requirements by ensuring each dog possessed or maintained by any Organization member is properly licensed after it reaches four (4) months of age and before it reaches five (5) months of age. Adoption Organization shall ensure that a valid dog license is maintained for such animal until it has been transferred to a new owner. Adoption Organization shall inform the Department in writing of the name, address, and telephone number of the new dog owner and the description of the dog, within thirty (30) days after the transfer of custody or ownership of the animal from Adoption Organization to the new owner.
  - a. If exiting Equines, the Department will need to know the address to where the Horse(s) is going prior to exit.
5. Adoption Organization shall keep accurate records of each animal obtained from the Department. Such records shall include information regarding veterinary care and the name, address, and telephone number of the new animal owners. Department shall have the right to inspect such records. A copy of any records provided by the Department to Adoption Organization shall be provided by Adoption Organization to any new animal owner or person, group or organization that takes custody or ownership of the animal from Adoption Organization.
6. If Adoption Organization exits a dog or cat and discovers she is pregnant, the organization is to notify the Supervising Animal Care Attendant where the dog or cat was exited immediately. The organization shall ensure that any unaltered animal obtained from the Department, including any pregnant dog or cat, will be surgically sterilized by a licensed veterinarian at Adoption Organization's expense prior to parturition (birthing), transferring ownership of the animal to any person, or within thirty (30) days from the date the animal is obtained, whichever comes first, unless the animal is under eight (8) weeks of age when obtained. In such case, the altering shall be performed within thirty (30) days from the date the animal reaches eight (8) weeks of age. This requirement shall not apply in any case where a licensed veterinarian provides written certification stating that, due to health considerations, the animal should not be altered, or that, in the professional judgment of the veterinarian, the animal has been previously altered.

If Adoption Organization cannot obtain such services for the pregnant dog or cat, she shall be returned immediately to the Department for such surgery.

7. Adoption Organization shall pay any and all applicable Department fees unless waived by the Department Director.
8. The County of San Diego, its officers, agents, and employees shall not be liable for, and Adoption Organization shall defend, indemnify, and hold County harmless from, any and all claims, demands, liability, judgments, awards, fines, liens, losses, damages, expenses, charges, or costs of any kind or character, including attorneys' fees and court costs (hereinafter referred to as "Claims"), arising out of, or in any manner either directly or indirectly connected with, any act, error, omission, or negligence of Adoption Organization or its contractors, licensees, agents, servants, or employees, including, without limitation, Claims caused by the concurrent negligent act, error, or omission, whether active or passive, of the County of San Diego, its officers, agents, or employees. Adoption Organization shall have no obligation to defend or indemnify County from a Claim if it is determined by a court of competent jurisdiction that such Claim was caused by the sole active negligence or willful misconduct of the County of San Diego, its officers, agents, or employees.

**COUNTY OF SAN DIEGO  
DEPARTMENT OF ANIMAL SERVICES:**

IN WITNESS THEREOF, the Department and Adoption Organization has approved the execution of this contract by its designated representative, and the Department, by its Director this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Director

**RESCUE PARTNER:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title





**SAMPLE**

County of San Diego  
Department of Animal Services  
**RESCUE RELEASE AUTHORIZATION FORM**

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

Rescue Name  
Address  
City state zip

On behalf of **RESCUE NAME**, I request the release of the following animal:

A **spayed/neutered**, **Breed**, **Color**, identified by **Animal ID# 00000** and **Microchip #0000000000**.

\_\_\_\_\_  
Signature (Authorized Agent):

Receipt #:

Fees Collected:

Tag#:

Release Approved by: \_\_\_\_\_

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**Transfer of Ownership Information**  
(To be completed by rescue group)

Copy of entire form must be returned within 30-days of the transfer to:

County of San Diego  
Department of Animal Services  
5821 Sweetwater Road  
Bonita CA 91902  
Attention: Rescue Group

**New Owner information**

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

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

Phone: \_\_\_\_\_

**Spay/Neuter Information**

Name of Veterinarian Hospital that altered animal if exited unaltered:

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

Date Animal was transferred to the New Owner: \_\_\_\_\_

License number (for dogs licensed after release to the Adoption Organization): \_\_\_\_\_

\_\_\_\_\_  
To be signed by the responsible party, the signatory or delegate, within the rescue organization

**Shelter Hours**

Tuesday-Sunday, 9:30 a.m. - 5:30 p.m. (Closed Mondays, and County Holidays)