

Certification Program Application

	Cerunica	adon i rogram Applicadon	
Individual	Information		
Name		Title	E-mail
Phone Number			
Area Code Phone Nur	mber		
Are you a board me	ember of the organization	n you are applying on behalf of?	
Yes			
No			
Organizati Name of Organizat	on Informatio	n	
Tax ID Number			
Mailing address		_	
Street Address			
Street Address Line 2			
City	State		
Zip Code			

Do you ha	ave any other addresse	s of additional locations or a	physical location sep	arate from your mailing address?	
Yes					
No					
Phone Nu	ımber	E-mail of Organization	on		
Area Code	Phone Number	Website			Date a
Are you a	501(c)3 or 501(c)7 and	d in good standing with the H	RS?		
Yes					
No					
Do you ha	ave a Michigan Charita	able Solicitation License or E	xemption?		
Yes					
No					
Mission S	Statement of Organizat	tion			
Description	on and Purpose of Org	ganization			
History o	f Organization				
Board of	Directors Names, Title	es and Email Addresses			
Do you ha	ave By-Laws and an O	perating Agreement?			
Yes	No	0			
Has the r	escue ever lost a judge	ment?	Do any cruelty o	complaints exist against any person ass	ociated wit
Yes	No	0	Yes	No	
Is the org	anization subject of ar	ny complaint and/or being act	ively investigated by	another organization or agency such a	s the IRS o

Yes

No

	perate a physical sh		on				
No	inzacion Ci	dosification					
What typ	oes of animals do yo	u rescue and re-l	home? (che	eck all that app	oly)		
Dogs		Cats		TNR of feral cats			
Farm a	animals	Small Animals					
If "Othe	r'', please						
explain.	_			_			
Are you	a breed specific reso	eue?					
Yes		No					
Intake so	ources (check all tha	t apply)					
Anima	l shelters	Owner surrenders		Strays	В	Broker rescue	
Puppy	mills	Auctions		Hoarding cases	В	Breeders	
TNR		Other					
If "Othe explain.	r'', please						
_							
Ammai i	Intake in Previous Y Transfer from Shelters	Owner Surrenders	Strays	Born in Rescue	Transfer from Re	escue Other	Total
Puppies	Transfer from Sheriers	Owner Surrenders		Bom in Research	Transfer from Ke	Source Other	
Kittens							
Adult Dogs							
Adult Cats						_	
Other							

Has the organization been found in violation of the program through the grievance process?

No

Yes

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Adult Dogs Multi Cats Dither State Sources for Intake Michigan Out of State Dogs Cats Dither Please the the top five shelters/organizations that you receive animals from (by number.) Please the the top five shelters/organizations that you receive animals from (by number.) Do you keep records for all of your animals? Yes No Do you have paid staff? Disganization Processes What items do you utilize for volunteers? Application Manual Liability waives Job descriptions Contract What items do you utilize for fosters? Application Manual Liability waives Job descriptions Contract What items do you utilize for fosters? Application Manual		Adopted	Transfer to Another Rescue or She	lter Euthanized/Died	Lost	TNR	Return to Owner	Total
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Application Manual			•					
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Contract Not applicable								

Types of animal ho	ousing utilized (check	k all that apply)
Animal shelter open	to public	
Animal shelter not o	open to public	
Public boarding ken	nels	
Public business or st	tore	
Veterinarian office		
Do you ever house	animals in a boardin	ng facility, veterinarian (except for medical reasons), store or business?
Yes	No	
Are all animals in	the rescue spayed or	r neutered prior to adoption?
Yes	No	
At what age are yo Medical	ur animals spayed ar	and neutered?
Provide your medi	cal protocol for incor	oming animals and does your protocol differ from the Best Practices?

Other

None

Please list the two main veterinary clinics used including name, city/state, and phone number.

Which do you Microchip? (check all that apply)

Dogs

Cats

Intintia seia viiw ithat he Ropedia?

Adoption, fundraising and customer service

Do you have an Adoption A	Application?		
Yes	No		
Do you use conversational	adoptions?		
Yes	No		
Describe your adoption pro	ocess or what potential adopters ca	an expect when adopting from your organiza	tion.
Describe your adoption cri	teria. Are there any items that are	automatic disqualifiers for adoption?	
Describe how you show and	imals for adoption and the frequen	ncy of any events.	
Describe the criteria you g	enerally use to match animals with	adopters.	
What are your adoption fe	es and how are they set?		
	terials or any additional service (lil	ke a free training session) do you provide yo	our adopters?

Please describe y	our animal ret	turn policy.				
Please describe y	our customer	sarvica nalicy				
rease describe y	our customer	service policy.				
How can people contact	ct you? How quick!	y do you respond?				
Do you conduct f	fundraising?					
Yes	Ν	Vo				
Does the organization	ation qualify f	or 5-star Certif	ication?			
Yes	N	1 0				
5-star Cei	rtificatio	n				
Are you requesti	ng a waiver?					
Yes						
No						
Request f	or Waiv	er				
Is there anything	additional the	at you would lil	se the Certific	ation Commi	ttee to know?	
					tte to know:	
Submit A	ppncauc)11				
						connection with, or

As the representative of my rescue organization, we shall be liable for any and all losses arising from, in connection with, or based of information provided or an alleged breach of the Organization's obligations under this Application , Agreement and Qualification Organization will at its expense indemnify, defend and hold harmless Michigan Pet Fund Alliance and its affiliates, and its respect agents, representatives, successors and assigns, from and against any such losses.

disbursement	s, costs of investigat	tion, litigation, settlement, and judgment, and any taxes, interest, penalties, fines with respect t	o a
Yes, I agree.	No,	I do not agree.	
organization o	complies with the pr	ne organization, I have read the Michigan Rescue Certification Program including the Code of ractices outlined except for any waiver request which has been provided as part of this applicated at any time for intentional violation of the Best Practices and Code of Ethics as a result of the	tion
Yes, I agree.	No,	I do not agree.	
		pplication, I attest that I am authorized to represent this rescue organization and that I have re	ad,
Yes, I agree a	and understand the agreem	ent and electronically sign.	
No, I do not a	agree or understand the agr	reement or do not electronically sign.	
Full Name for	r Electronic Signatu	are	
First Name	Middle Initial	Last Name	
Date			
Month Day	Year		
·			
EL ECTRON	IC CICNATURE		
ELECTRON	IC SIGNATURE		

proceeding (including arbitration) asserted, commenced or threatened against an entity or person. "Losses" means all losses, liabiliand all related costs, expenses, and other charges suffered or incurred as a result of or in connection with a Claim, including reason