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## Certification Program Application

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### Individual Information

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Name

Title

E-mail

Phone Number

Area Code    Phone Number

Are you a board member of the organization you are applying on behalf of?

Yes

No

### Organization Information

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Name of Organization

Tax ID Number

Mailing address

Street Address

Street Address Line 2

City

State

Zip Code

**Do you have any other addresses of additional locations or a physical location separate from your mailing address?**

Yes

No

**Phone Number**

**E-mail of Organization**

\_\_\_\_\_  
Area Code    Phone Number

\_\_\_\_\_  
**Website**

\_\_\_\_\_  
**Date a**

**Are you a 501(c)3 or 501(c)7 and in good standing with the IRS?**

Yes

No

**Do you have a Michigan Charitable Solicitation License or Exemption?**

Yes

No

**Mission Statement of Organization**

\_\_\_\_\_

**Description and Purpose of Organization**

\_\_\_\_\_

**History of Organization**

\_\_\_\_\_

**Board of Directors Names, Titles and Email Addresses**

\_\_\_\_\_

**Do you have By-Laws and an Operating Agreement?**

Yes

No

**Has the rescue ever lost a judgement?**

Yes

No

**Do any cruelty complaints exist against any person associated with**

Yes

No

**Is the organization subject of any complaint and/or being actively investigated by another organization or agency such as the IRS or**

Yes

No

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

Yes

No

Do you operate a physical shelter?

## Organization Classification

Yes

No

What types of animals do you rescue and re-home? (check all that apply)

Dogs

Cats

TNR of feral cats

Farm animals

Small Animals

If "Other", please explain.

Are you a breed specific rescue?

Yes

No

Intake sources (check all that apply)

Animal shelters

Owner surrenders

Strays

Broker rescue

Puppy mills

Auctions

Hoarding cases

Breeders

TNR

Other

If "Other", please explain.

Animal Intake in Previous Year

	Transfer from Shelters	Owner Surrenders	Strays	Born in Rescue	Transfer from Rescue	Other	Total
Puppies							
Kittens							
Adult Dogs							
Adult Cats							
Other							



**Types of animal housing utilized (check all that apply)**

## **Animal Housing**

Foster homes

Animal shelter open to public

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Animal shelter not open to public

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Public boarding kennels

Public business or store

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Veterinarian office

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**Do you ever house animals in a boarding facility, veterinarian (except for medical reasons), store or business?**

Yes

No

**Are all animals in the rescue spayed or neutered prior to adoption?**

Yes

No

**At what age are your animals spayed and neutered?**

## **Medical**

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**Provide your medical protocol for incoming animals and does your protocol differ from the Best Practices?**

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**Which do you Microchip? (check all that apply)**

Dogs

Cats

Other

None

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

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## Interaction with the Public

Minimum age at which animals are adopted out?

Adoption, fundraising and customer service

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**Do you have an Adoption Application?**

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Yes

No

**Do you use conversational adoptions?**

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Yes

No

**Describe your adoption process or what potential adopters can expect when adopting from your organization.**

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**Describe your adoption criteria. Are there any items that are automatic disqualifiers for adoption?**

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**Describe how you show animals for adoption and the frequency of any events.**

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**Describe the criteria you generally use to match animals with adopters.**

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**What are your adoption fees and how are they set?**

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**What kind of adoption materials or any additional service (like a free training session) do you provide your adopters?**

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**Please describe your animal return policy.**

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**Please describe your customer service policy.**

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How can people contact you? How quickly do you respond?

**Do you conduct fundraising?**

Yes

No

**Does the organization qualify for 5-star Certification?**

Yes

No

## 5-star Certification

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**Are you requesting a waiver?**

Yes

No

## Request for Waiver

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**Is there anything additional that you would like the Certification Committee to know?**

## Submit Application

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**As the representative of my rescue organization, we shall be liable for any and all losses arising from, in connection with, or based on 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 respective agents, representatives, successors and assigns, from and against any such losses.**

Yes, I agree.

No, I do not agree.

proceeding (including arbitration) asserted, commenced or threatened against an entity or person. "Losses" means all losses, liabilities and all related costs, expenses, and other charges suffered or incurred as a result of or in connection with a Claim, including reasonable disbursements, costs of investigation, litigation, settlement, and judgment, and any taxes, interest, penalties, fines with respect to a

Yes, I agree.

No, I do not agree.

**As the representative of my rescue organization, I have read the Michigan Rescue Certification Program including the Code of Ethics. My organization complies with the practices outlined except for any waiver request which has been provided as part of this application. My certification may be discontinued at any time for intentional violation of the Best Practices and Code of Ethics as a result of the grievance.**

Yes, I agree.

No, I do not agree.

**By signing and submitting this application, I attest that I am authorized to represent this rescue organization and that I have read, and understand, truthfully each question in this application for certification.**

Yes, I agree and understand the agreement and electronically sign.

No, I do not agree or understand the agreement or do not electronically sign.

**Full Name for Electronic Signature**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

**Date**

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

**ELECTRONIC SIGNATURE**