

# Pinal County Animal Care & Control New Hope Partner Application

Name of Organization: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Web-Site \_\_\_\_\_

*Please attach a separate sheet with the names and contact information required above for all other officers of the organization.*

Group President or Director: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Alternate Phone \_\_\_\_\_

Contact for Quarterly Reports: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Alternate Phone \_\_\_\_\_

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

The Adoption Partner authorizes the following persons to enter into an agreement for a New Hope adoption from Pinal County Animal Care & Control and to remove animal once formally adopted.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position \_\_\_\_\_

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

**Additions or deletions to the above authorization must be submitted in writing from the organization president or director.**

Please provide primary veterinarian information:

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (include City , State and Zip Code): \_\_\_\_\_

Please provide secondary veterinarian information:

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (include City, State and Zip Code) : \_\_\_\_\_

\*Describe where the animals will go after they leave Pinal County Animal Care & Control, but before a permanent home is found (type on a separate sheet).

\*Describe your adoption process. Please include how / where you perform adoptions (type on a separate sheet).

List three references for your group. Please include one adopter who is not currently a governing member of your organization.

References:

(1) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Please provide the following information to the best of your ability:**

1. Official notice of 501C3 status or veterinary hospital premise license, as applicable.  
Articles of Incorporation and By-laws or Application for Employer Identification Number (Form SS -4), If Articles of Incorporation and By-laws are unavailable  
EIN Number  
Non-profit Certificate of Disclosure (ARS Section 10-3202. D.)  
Any articles or published information regarding your organization  
Any additional information you feel may be relevant in support of your application.

***The information you have provided will assist us in processing your application. Thank you for your time and willingness to save animals lives through the New Hope Program. We look forward to your participation.***

**ALL APPLICATIONS SHOULD BE SUBMITTED TO THE FOLLOWING**

**Pinal County Animal Care & Control  
Attn: Adoption / Rescue Coordinator  
P.O. Box 3061  
Casa Grande, Az. 85122**

**[animalrescue@pinalcountyz.gov](mailto:animalrescue@pinalcountyz.gov)  
520.509.3555**

*Sign below stating you have read the entire New Hope Partner Application.*

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