Aurora Animal Rescue Network Application

City of Aurora Animal Care & Control
600 S. River St.
Aurora, IL 60506

Phone: 630-256-3630
Email: RescueOrAdopt@Aurora.il.us

Aurora Animal Care & Control partners with State licensed animal shelters or breed specific rescue groups to transfer hundreds of animals a year out of the shelter. By working cooperatively with rescue groups and private humane agencies, we free kennel space for more incoming animals, reduce stress, and help facilitate permanent placement for the animal. These animals may not have been evaluated by our shelter or veterinary staff but may be available for transfer by an organization that chooses to take them.

AACC maintains the right to deny an application based on findings and/or limit the number of Rescue Partners at any time. The information you write in this document will be available to the public through the Freedom of Information Act.

Contact Information

Name of Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Are you a National Organization? [ ] YES [ ] NO

Statement of Program Goals

Do you have a goal for the number of animals your organization will pull from AACC annually? _____

Why do you want to transfer from AACC? _____

_____

License Information

State of incorporation, state of formation, or state of organization: _____

Do you have a 501(c)(3)? [ ] YES [ ] NO

State(s) where organization operates: _____

State of IL Department of Agriculture License Number (if applicable): _____

For applicants located outside of Illinois, does our state require licensing for the services you provide? (i.e. animal shelter, animal rescue, etc)? [ ] YES [ ] NO

What does your state require?: _____

Please provide applicable licensing information:

License Number: _____ State Agency: _____

About your Agency

What is the best line of contact for your organization?

[ ] Phone [ ] Email [ ] Text [ ] Other: _____

Are there specific species, breeds, or sizes you plan to pull from AACC?: _____

_____

Does your organization have the resources to accept specialty medical cases?: [ ] YES [ ] NO

Do you have any restrictions when pulling such as medical, behavior, or species? [ ] YES [ ] NO

If yes, what are your restrictions?: _____

_____

What veterinary hospital(s) do you use?: _____

How are your animals housed? (check all that apply) [ ] Open Cat Rooms [ ] Foster

[ ] Indoor Kennels [ ] Outdoor Kennels [ ] Boarding [ ] Other: _____

What services does your organization offer? (check all that apply)

[ ] Adoption [ ] Foster [ ] Owner Surrender [ ] Volunteering

[ ] Crisis Foster Care [ ] Foster to Adopt [ ] Food Pantry [ ] Boarding

[ ] Low-Cost Microchipping [ ] Low-Cost Spay/Neuter [ ] Low/Cost Euthanasia

[ ] Low-Cost Vaccinations [ ] Financial Assistance [ ] Shelter Bypass/Assisted Rehoming

[ ] Other: _____

_____

Confidentiality

Can we highlight your organization and its services on our website, social medias, etc?

[ ] YES [ ] NO [ ] Yes, excluding: _____

Can we share your social media posts to our page? [ ] YES [ ] Only tagged posts [ ] NO

Can we refer individuals interested in volunteering to you? [ ] YES [ ] NO

Can we refer individuals interested in fostering to you? [ ] YES [ ] NO

Would you like to be added to our automatic email distribution list containing animals available for transfer each week? [ ] YES [ ] YES but only for: _____ [ ] NO

May we share your information with interested adopters of a transferred animal? [ ] YES [ ] NO

Authorized Representatives

Please complete one entry for each person acting on behalf of the organization. These will be the only people allowed to place holds, request animal information, and transfer animals from AACC. All individuals not listed below will be referred to the authorized representatives of their organization. An organization may add or remove authorized representatives at any time by resubmitting this page to AACC. AACC may deny or remove an authorized representative at any time and for any reason.

Please indicate the preferred method of contact with a (*).

Primary Contact

Name and Title: _____

Phone: _____ Cell Phone: _____

Email: _____

[ ] Name and Title: _____

Phone: _____ Cell Phone: _____

Email: _____ Restrictions: _____

[ ] Name and Title: _____

Phone: _____ Cell Phone: _____

Email: _____ Restrictions: _____

[ ] Name and Title: _____

Phone: _____ Cell Phone: _____

Email: _____ Restrictions: _____

[ ] Name and Title: _____

Phone: _____ Cell Phone: _____

Email: _____ Restrictions: _____

[ ] Name and Title: _____

Phone: _____ Cell Phone: _____

Email: _____ Restrictions: _____