



# Apple Valley Animal Services

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Physical: 22131 Powhatan Rd • Apple Valley, California 92307  
Mailing: 14955 Dale Evans Parkway • Apple Valley, California 92307

Dear Animal Rescue Organization:

Thank you for your interest in joining our efforts as an Animal Rescue Organization (ARO). Together we can continue to provide "A Better Way of Life" for the animals in our care – *Four Paws at a Time*. Partnering with rescue organizations is with the intent to provide our shelter animals; (1) Alternate housing while awaiting a permanent loving home; (2) Time to heal from injury or illness before adoption and/or (3) Receive needed behavior modification to make the animal adoptable.

To streamline the animal transfer process and clearly identify the expectations of partnering rescues, your organization should review and complete the attached required forms or update records as indicated. Having a current cooperative agreement on file allows Apple Valley Animal Services (AVAS) to transfer animals to your 501(c)3 organization at a reduced rate and without a required spay/neuter deposit.

Please note: AROs are asked to update their agreements on an annual basis. If you are currently an approved ARO, our records indicate that it is time for you to update your organization's records with AVAS. This will ensure that any further transfers can be processed in an expedited manner.

New AROs must submit all required forms and documentation listed below. Existing AROs should submit updated documents as indicated:

## **REQUIRED FORMS AND DOCUMENTATION**

1. Animal Rescue Organization Application
2. Copy of current 501(c)3
3. Signed Animal Rescue Organization - Animal Transfer Form (**Completed forms are required for President/Executive Director/Person in Charge & Alternate person in charge**)
4. Signed Cooperative Agreement Guidelines Form (two pages to initial/sign)
5. Approved Rescue Personnel Form (Must provide valid photo ID at the Shelter)
6. **Minimum of one (1) recommendation** from a licensed veterinarian

## **Completed Application Packet can be submitted via:**

Mail: Apple Valley Animal Services (Attention: AVAS Rescues)  
14955 Dale Evans Pkwy, Apple Valley, CA 92307

Fax: (760) 247-6487 (Attention: AVAS Rescues)

Email: [avasrescues@applevalley.org](mailto:avasrescues@applevalley.org)

Person: 22131 Powhatan Road, Apple Valley, CA 92308

***Please allow 1-2 weeks after submittal of application for notification of approval. No rescue group will be allowed to pull animals from the Apple Valley Municipal Animal Shelter until such time as their application is fully processed.***

Please call (760) 240-7000 ext. 7519 or email [avasrescues@applevalley.org](mailto:avasrescues@applevalley.org), if you have any questions.



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## ANIMAL RESCUE ORGANIZATION APPLICATION

ANIMAL RESCUE ORGANIZATION: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Contact Telephone #: (\_\_\_\_) \_\_\_\_\_

Executive Director/President/Person in Charge: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Person in Charge: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### MAILING ADDRESS

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

### VETERINARIAN

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**I certify that all information provided is true, complete, and correct.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For office use only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_

#### Attached Forms and Documentation:

501(c)3: \_\_\_\_\_ Animal Transfer Form: \_\_\_\_\_ Cooperative Agreement: \_\_\_\_\_ Rescue Personnel: \_\_\_\_\_

Ref. #1: \_\_\_\_\_ Ref. #2: \_\_\_\_\_ Vet. Ref.: \_\_\_\_\_ Additional Comments: \_\_\_\_\_

\_\_\_\_\_



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## ANIMAL RESCUE ORGANIZATION – ANIMAL TRANSFER FORM

As a representative of \_\_\_\_\_ (ARO- Animal Rescue Organization), I, \_\_\_\_\_ hereby agree to hold free and harmless, defend and indemnify the Town of Apple Valley, including its elected officials, officers, agents and employees with respect to any and all claims, judgments, and/or liabilities for bodily injury or court costs and attorney's fees which might be incurred by said indemnities and/or arising from or connected with the accepting of transfer of any animal from the Apple Valley Municipal Animal Shelter. I agree that neither I nor the Animal Rescue Organization I represent will claim any right of compensations from any person or entity or file any action by reason of transferring any animal from the Town of Apple Valley Animal Services Department.

**Please read and initial below:**

\_\_\_\_\_ I understand there has been no direct or implied assurance that the animal is either behaviorally suitable or healthy. I understand: (1) The animal behavior or temperament may change; (2) The animal may not be in good health or may have injuries which require veterinary care; and/or (3) The animal may be incubating any number of zoonotic diseases, including, but not limited to parvo and respiratory infections.

\_\_\_\_\_ I understand and freely accept any responsibility to: (1) Obtain proper veterinarian care as necessary for the rescued animal; (2) Obtain any and all legally required vaccinations; and (3) Have the rescued animal spayed or neutered within thirty (30) days of rescue or prior to placing in another home through adoption or foster outreach; and (4) Provide proof of the spay/neuter to AVAS within 5 business days of completion.

\_\_\_\_\_ I understand that AVAS reserves the right to place any animals that are still in our possession with a private adopter. In such a case, if an animal is adopted into a permanent loving home prior to the ARO removing the animal from our facility, AVAS will notify the ARO to cancel transport. If fees have been paid by the ARO and the dog/cat is privately adopted, AVAS will credit the ARO for the transfer/rescue fees paid excluding boarding costs.

**Failure to adhere to any of the requirements mentioned above may result in a suspension of the**

**ARO's transfer rights.**

\_\_\_\_\_  
**ARO Representative Name**

\_\_\_\_\_  
**Federal Tax ID #**

\_\_\_\_\_  
**ARO Representative Signature**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**AVAS Personnel Signature**



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## Cooperative Agreement–Animal Rescue | Transfer Guidelines

Partnering with Animal Rescue Organizations (AROs) is an essential component to creating a strong outreach program designed to reduce euthanasia and increase live release of sheltered animals. To facilitate an efficient process, Apple Valley Animal Services (AVAS) is streamlining the animal transfer process, which includes clearly identifying the expectations of all partnering organizations. The purpose of a cooperative agreement is to help in holding AROs and AVAS accountable to State and local laws.

### ARO Applications:

- All 501(c)3 animal rescue organizations interested in **transferring** animals under this agreement are required to apply for ARO status through the AVAS Department. This application will be reviewed and approved/denied within two (2) weeks.
- All non-exempt animal rescue organizations that **do not** have tax exempt status as defined by section 501(c)3 of the Internal Revenue Services code interested in **rescuing** animals under this agreement are also required to apply for ARO status through the AVAS Department. This application will be reviewed and approved/denied within two (2) weeks.
- The ARO will need to provide a list of all personnel who are authorized to represent and transfer/rescue (“pull”) under this agreement. Authorized personnel will be required to show their driver’s license at the time of pick-up.

### Companion Selection and Holding:

- AVAS reserves the right to determine which animals and the number of animals that will be eligible for transfer under this agreement. AVAS reserves the right to establish when an adoptable animal is available to an ARO.
- Once an ARO decides to transfer an eligible animal, AVAS will schedule said animal for spay/neuter surgery, if applicable. If the animal is already altered, too young, ill, or the ARO wishes to have the animal altered with their partnering veterinarian, AVAS will set a date and time for the transfer. If an ARO is unable to pick up a transferred/rescued pet at the schedule date/time, boarding fees will apply. **AVAS reserves the right to place any animals that are still in our possession with a private adopter.** In such a case, if an animal is adopted into a permanent loving home prior to the ARO removing the animal from our facility, AVAS will notify the ARO to cancel transport. If fees have been paid by the ARO and the dog/cat is privately adopted, AVAS will credit the ARO for the transfer/rescue fees paid excluding boarding costs.
- There are rare occasions when shelter animals require additional behavioral intervention by experienced animal handlers. These animals are unadoptable to the general public. If an approved ARO wishes to rescue such an animal, the animal must leave within twenty-four (24) hours of being deemed eligible for transfer.
- Additional time to arrange the transfer of an animal may be arranged at the sole discretion of AVAS.
- Once the animal(s) are ready to leave the facility, an AVAS staff member or volunteer will bring the animal(s) out to the lobby to meet the transporter/puller. **AROs are not permitted to enter individual kennels at any time for any reason.**
- AROs, transporters, and volunteers are to be courteous and respectful to AVAS staff. If there is a problem with an AVAS team member, please contact the Rescue Coordinator (or the Shelter Supervisor) for resolution. We appreciate the help and support but have Department policies we ask you to respect for the sake of both people and animals.
- Placement into a permanent loving home is our priority. If an AVAS staff member is helping a customer, please respect our ability to decide good homes for the animals by not interrupting conversations with prospective adopters or discouraging them from adopting a particular animal.

- As mentioned above, adoption is our priority. AVAS reserves the right to adopt an animal into a permanent home even when a rescue has expressed interest in transfer and paid for the animal if still in our possession.
- Please do not pull an animal for a private citizen or non-approved Rescue Organization. If a citizen or Rescue is interested in a specific animal, they should come to our shelter and apply directly. Pulling an animal for an adopter or non-approved Rescue may result in the suspension of transfer rights.

**Companion Placement:**

- All dogs and cats rescued from AVAS under this agreement shall be companion animals only. Under no circumstance will these animals be used for breeding. All dogs and/or cats rescued under this agreement shall be spayed or neutered before being adopted into a new home. Proof of spay/neuter must be provided to AVAS no longer than thirty (30) days from being transferred.
- AROs must ensure compliance with all applicable laws, ordinances and requirements regarding proper housing, sustenance, veterinary care, and zoning regulations.
- Under this agreement, all dogs over the age of four (4) months, who will reside within the jurisdiction of the Town of Apple Valley, shall be licensed.

**Fees and Inclusions:**

- Under this Cooperative Agreement the fee for **canine transfer** (must have valid 501(c)3 status) is Thirty-seven dollars (\$37.00). For **feline transfer** (must have valid 501(c)3 status) is twenty-one dollars (\$21.00)
  - This includes the animal transfer fee, microchip, and rabies vaccine.
- Under this Cooperative Agreement the fee for **Rescue** is eighty-five dollars (\$85) for dogs and forty-five dollars (\$45) for cats.
  - This includes the dog/cat rescue fee, spay/neuter, microchip, rabies, and routine vaccines.
- AROs may transfer at the rescue rate if they wish to have the animal spayed/neutered prior to transfer, given kennel space and availability.
- AROs may also request additional vaccinations, tests, spay/neuter for an additional fee.

**Compliance:**

- This Cooperative agreement may be modified at any time. ARO partners will be informed of changes. AVAS also reserves the right to revoke or suspend this agreement at any time due to noncompliance.
- State Law requires that spay/neuter deposits must be made for animals that cannot be altered prior to leaving the shelter. AVAS reserves the right to waive or require the (refundable) spay/neuter, deposit of \$40.00 per animal on a case-by-case basis. AROs that provide the proper spay/neuter documentation in a timely manner will be considered for deposit waivers.
- Representatives of AROs handling the transfer of animal(s) from AVAS shall sign acknowledgement of receipt and spay/neuter requirement, if applicable.
- AROs must provide proof of spay/neuter within thirty (30) days of transfer or submit a letter from a certified veterinarian documenting a medical need for extension.
- The ARO accepts full and unconditional responsibility to ensure full compliance with this agreement by its staff and volunteers. Further, the ARO accepts full and unconditional responsibility for the proper care and control of the animals transferred.

\_\_\_\_\_  
**Name of ARO- Animal Rescue Organization**

**ARO Representative:**

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**AVAS Representative:**

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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



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## APPROVED RESCUE PERSONNEL

Animal Rescue Organization \_\_\_\_\_

PERSONS AUTHORIZED TO RESCUE (Must show driver's license when claiming)

1. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

2. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

3. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

4. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

5. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

6. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

7. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

8. Name: \_\_\_\_\_  
D.L. #: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Transport: \_\_\_ y/n Authorized to Pull: \_\_\_ y/n

I certify that all information provided is true, complete, and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Disposition: \_\_\_\_\_



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## APPROVED BOARDING/FOSTER FACILITIES

(FOR ANIMALS HOUSED IN APPLE VALLEY OR UNINCORPORATED SAN BERNARDINO COUNTY)

Animal Rescue Organization \_\_\_\_\_

### ADDRESS LOCATIONS: KENNEL / FOSTER / ANIMAL KEEPING PERMIT

1. Boarder/Foster: \_\_\_\_\_ Kennel License #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### DESCRIPTION OF KENNELS & QUANTITY

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Covered: \_\_\_\_\_ Uncovered \_\_\_\_\_ Total # of Runs \_\_\_\_\_

### ADDITIONAL KENNEL INFORMATION

2. Boarder/Foster: \_\_\_\_\_ Kennel License #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### DESCRIPTION OF KENNELS & QUANTITY

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Covered: \_\_\_\_\_ Uncovered \_\_\_\_\_ Total # of Runs \_\_\_\_\_

### ADDITIONAL KENNEL INFORMATION

I understand that Apple Valley Animal Services has the right to inspect or have inspected and/or visit the rescue/kennel location(s) unannounced at reasonable times. I certify that all information provided is true, complete, and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Disposition: \_\_\_\_\_