



OAKLAND ANIMAL SERVICES

TRANSFER PARTNER MEMORANDUM OF UNDERSTANDING

Group Name: \_\_\_\_\_ 501C3 ID#: \_\_\_\_\_ (attach copy)

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Website: \_\_\_\_\_ Fax number: \_\_\_\_\_

What kind of animals are you willing to pull (ex. Temperaments, breeds, special behavior/medical needs, etc.)

How long has your organization been operating as an adoption agency? \_\_\_\_\_

Please list the names of two shelters you currently work with and their contacts:

1. \_\_\_\_\_ Contact: \_\_\_\_\_

2. \_\_\_\_\_ Contact: \_\_\_\_\_

Do you house animals through \_\_\_\_\_ Kennel or \_\_\_\_\_ foster network. If so,

Kennel Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Website: \_\_\_\_\_

Total # of runs indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

How many animals are currently housed at this location: \_\_\_\_\_

How many animals are currently housed in foster homes: \_\_\_\_\_

What is your criteria for fosters/foster homes? \_\_\_\_\_

Are animals currently in other locations and if so, where: \_\_\_\_\_

Veterinarian used for animal care

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Website: \_\_\_\_\_

**Authorized Personnel (to approve pick-up on behalf of agency)**

Contact #1 Name: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Your Adoptions**

Explain the screening process you use for potential adopters (attach relevant forms or links):

\_\_\_\_\_

What is your policy for adoptions when it isn't a good fit? \_\_\_\_\_

How many animals does your organization place each year? \_\_\_\_\_

What is your spay/neuter policy? \_\_\_\_\_

Does your organization have written guidelines, policies and/or educational materials (attach relevant samples or links)?

\_\_\_\_\_

Is there anything else you would like us to know about your organization?

\_\_\_\_\_

Oakland Animal Services (OAS) is committed to working closely with our transfer partners in assisting us with our goal of spaying/neutering and placing every adoptable animal in healthy, caring and safe homes.

I, \_\_\_\_\_, am the \_\_\_\_\_ (title) of \_\_\_\_\_ (name of organization) and have the authority to sign the MOU. I will take full responsibility to ensure that our staff/volunteers follow the guidelines outlined in this agreement.

I will ensure that all animals that we receive from OAS will be spayed/neutered and microchipped before being placed with any adoptive and/or foster home. In addition, all animals over 3 months of age will be vaccinated for rabies immediately.

If the animal is adopted to an Oakland resident, I will provide the adopter with an Oakland license application.

I will ensure that we maintain accurate records of all of the animals that we have received from OAS, including their spay/neuter and rabies vaccination certificates. I agree to share this information with OAS upon request.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please e-mail completed form to [oastransfers@oaklandnet.com](mailto:oastransfers@oaklandnet.com).