The Homeward Bound Animal Placement Program is an effort with private organizations to place all adoptable animals. Organizations visit our facility daily and take animals that have met the legal holding period. 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. CACC maintains the right to deny an application based on findings and/or limit the number of Homeward Bound partners at any time.

**CONTACT INFORMATION**
The information you write in this section will be available to the public through the Freedom of Information Act. For more information on this, please view our Homeward Bound Animal Placement Policy.

Name of Organization: ____________________________________________

Address: ____________________________________________ City: __________ State: __________ Zip: __________

Phone: _______________________ Email Address: ________________________ County: ____________________

Are you a National Organization: ☐ Yes ☐ No Website: ____________________________________________

**STATEMENT OF PROGRAM GOALS**

Please state your goal for the number of animals you will attempt to transfer from CACC annually: ____________________________

Why do you want to transfer animals from CACC: ____________________________________________________________

**LICENSE INFORMATION**

Please submit a copy of all of your current license(s)/permits – ie. Dept of Agriculture, 501c3, business license, Sec of State.

State of incorporation, state of formation, or state of organization: __________ Do you have a 501(c)(3)? ☐ Yes ☐ No

Form of business entity (ie: corporation, not for profit corporation, partnership, limited liability company, etc): ________________

State(s) where operate: ____________________________

State of IL Department of Agriculture Animal Shelter License Number (if applicable): ________________

For applicants located outside of Illinois, does your state require licensing for the services you provide (i.e. animal shelter, animal rescue, etc)? ☐ Yes ☐ No What does your state require?: __________________________________________________

If yes, please provide applicable licensing information: License Number: __________________ State Agency: __________________

**ABOUT YOUR ORGANIZATION**

Mission Statement: ________________________________________________________________

List species, specific breed and/or mixed breeds that you will pull from CACC: ________________________________

States covered when transferring: _________________________________________________________
Does your organization have the resources to accept specialty medical cases: □ Yes □ No
Do you have any animal breed or type (medical, behavior, species) restrictions when pulling: □ Yes □ No
If yes, what are your restrictions: ____________________________________________________________
How does your organization track animal inventory (intake/outcome): __________________________________________
Animal Intake previous year: __________________________ Number of adoptions from previous year: ________________
Number of years in operation: _______________ Staff Members: _______________ Volunteers: _______________
Type of services offered by your organization: (check all that apply)
□ Adoption □ Rescue □ Foster □ Referral/Transfers □ Breeder □ Other______________________________
Type of housing offered: (check all that apply)
□ Foster Homes □ Indoor Kennels □ Outdoor Kennels □ Boarding □ Private Kennel/Cattery □ Other ________________
If housed at a kennel, boarding facility, or cattery, what is the name, location and how long are animals kept at this location:
__________________________________________________________________________________________
How does your organization obtain animals: □ Owner Surrenders □ Strays □ Transfer (Please list any Chicago Area shelters you partner with) □ Other____________________________________________________________
If you have a facility, list facility capacity (do not include foster homes): Dogs: ___________ Cats: ___________ Other: ___________
If you have foster homes, please list number of fosters: ___________ Which state(s) are your fosters located: ________________
Tell us about your foster process: ________________________________________________________________
__________________________________________________________________________________________
Are there circumstances under which you would deem an animal to be non-placeable with the general public? □ Yes □ No
If yes, is euthanasia an option at your organization? □ Yes □ No
Under what circumstances would euthanasia be an option: _____________________________________________
Do you spay/neuter all animals before releasing to a new adoptive home? □ Yes □ No
If no, what animals do you release unsterilized, when would they be sterilized, and how do you verify?
__________________________________________________________________________________________
What is your adoption fee and what services do you provide for that fee? _________________________________
__________________________________________________________________________________________
Where do your adoptions take place: ________________________________
For out of state organizations: How do you plan on transporting animals from CACC into your state?: ______________________________
CONTACT INFORMATION/AUTHORIZED REPRESENTATIVES:
Please complete for each person acting on behalf of the organization. These will be the only people allowed to place holds, request status information and transfer animals from CACC. No more than 6 representatives are allowed. Each member listed below is REQUIRED to sign the Confidentiality Agreement and Code of Conduct prior to being approved to work with CACC (See Pages 4-6).

<table>
<thead>
<tr>
<th>PRIMARY CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is preferred that the primary contact be the president or vice-president of the organization. Please indicate preferred method of contact with a (*).</td>
</tr>
</tbody>
</table>

- Name and Title:__________
  Address:_________________ City: ______________ State: _____ Zip:________
  Phone:___________________ Email:______________

- Name and Title:__________
  Address:_________________ City: ______________ State: _____ Zip:________
  Phone:___________________ Email:______________

- Name and Title:__________
  Address:_________________ City: ______________ State: _____ Zip:________
  Phone:___________________ Email:______________

- Name and Title:__________
  Address:_________________ City: ______________ State: _____ Zip:________
  Phone:___________________ Email:______________

REFERENCES: All references should have had a minimum of a 6 month partnership to be considered a reference.

References can sometimes take time for CACC to review pending response of the reference. To expedite your references, we strongly encourage your organization to submit references along with the application. Please feel free to use the provided document “HB Reference Responses” to assist in completing the reference checks. The references can also submit their responses on their letterhead with the information requested.

The below reference listing is for any other reference not submitted along with the application:

Veterinary References - (Please provide veterinarians/clinics your organization uses)

Name of Clinic and Contact Person_________________________
Address:_________________ City: ______________ State: _____ Zip:________
Phone:___________________ Email:_______________
Name of Clinic and Contact Person

Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Email: __________________________

**Shelter References** - *(Please provide names of other AC’s, shelters, organizations that you transfer animals from).*

Name of Shelter: ______________________________________________________
Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Name of Contact: __________________
Direct Line: ______________________ Email: __________________________

Name of Shelter: ______________________________________________________
Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Name of Contact: __________________
Direct Line: ______________________ Email: __________________________

**Foster References** - *(Please list contact information for fosters of your organization)*

Name of Foster: ______________________________________________________
Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Email: __________________________

Name of Foster: ______________________________________________________
Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Email: __________________________

**Training/Boarding References** - *(Please provide contact information for additional services your organization utilizes if applicable)*

Name of Facility: ______________________________________________________
Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Name of Contact: __________________
Direct Line: ______________________ Email: __________________________

Name of Facility: ______________________________________________________
Address: __________________________ City: ______ State: ____ Zip: ______
Phone: __________________________ Name of Contact: __________________
Direct Line: ______________________ Email: __________________________

Please be aware that references will be checked and statistical information may be requested on transferred animals prior to approval of your application. Statistical information may include but is not limited to the number of animals adopted, number of animals euthanized, number of animals transferred to licensed rescue, number of animals relocated.
CONFIDENTIALITY AGREEMENT

The City of Chicago, has agreed to allow _________________________ (transfer group’s name) to transfer animals from the City of Chicago, Department of Animal Care and Control on the date the application is approved.

I, as a representative of the transfer group listed above, hereby acknowledge that during the course of, transfer groups name listed above, activities and or related to CACC, some of the information that I handle may be privileged, confidential and exempt from disclosure under applicable law. I acknowledge that any dissemination, distribution or copying of this information for any purpose other than for what it is intended, is strictly prohibited.

I, as a representative of the transfer group listed above, also agree that under no circumstances during my temporary assignment or thereafter, for as long as said information remain confidential, will I break this Confidentiality Agreement without written consent from the City of Chicago. The information provided for your group may be FOIA (Freedom of Information Act) requested at any time from the City of Chicago.

The information provided above, or future updates to your information, may be provided in response to a request of information about a transferred animals or information on transfer partners with CACC’s Homeward Bound Program.

CODE OF CONDUCT

Chicago Animal Care and Control (“CACC”) is committed to high ethical and legal standards, and the principles of respect, compassion, fairness and dignity in all its animal control and sheltering interactions, and in its interactions with volunteers, transfer agencies, employees and the public. Dedicated rescue agencies are essential for helping CACC uphold this commitment, and CACC is grateful for each dedicated group. CACC can be a physically and emotionally challenging place to work in. Notwithstanding, all individuals agree to abide by the following Code of Conduct:

- I will abide by all rules, policies and procedures in the Homeward Bound Animal Placement Policies.
- I will treat each CACC manager, employee, volunteer, and member of the public served by CACC with respect & dignity.
- I will treat all animals with compassion & respect, and NEVER intentionally harm an animal.
- I will not disrupt or interfere with the daily work of CACC managers or employees except for emergencies, or engage in confrontational, discourteous, or harassing behavior with any CACC manager or employee.
- I will not enter restricted areas of the facility unless I request permission and obtain it, and am accompanied by a CACC manager or employee.
- If I am unsure of an answer, policy, or procedure or have a concern/complaint, I will defer to CACC’s Animal Placement Coordinator, Shelter Manager, or designee.
- I will alert CACC’s Animal Placement Coordinator, Shelter Manager or designee of any health or behavioral concerns, or kennel condition concerns that I may have about any animal in the facility.

Each organization is required to ensure that all members of their organization, including but not limited to staff, volunteer and foster parents, abide by the CACC Code of Conduct. It is the responsibility of each rescue organization to ensure that its members follow CACC’s Code of Conduct. Failure to follow the Code of Conduct by any member may be grounds for automatic termination of the member and/or group from the Homeward Bound Program.

I have read and understand the Chicago Animal Care and Control (CACC) Homeward Bound Animal Placement Policy, Confidentiality Agreement, and Code of Conduct. I agree to abide by them and I understand that my transfer agency service can be terminated by CACC management at any time, with or without notice. I understand that it is each group’s responsibility to ensure that each member of its organization knows, understands and abides by these policies.
I attest that information in this document is true and accurate to the best of my knowledge. By signing below I agree that I am authorized to speak on behalf of said organization and all of its representatives.

Authorized Representative 1 Signature: _______________________________ Date: ________________
Printed Name: _______________________________

Authorized Representative 2 Signature: _______________________________ Date: ________________
Printed Name: _______________________________

Authorized Representative 3 Signature: _______________________________ Date: ________________
Printed Name: _______________________________

Authorized Representative 4 Signature: _______________________________ Date: ________________
Printed Name: _______________________________

Authorized Representative 5 Signature: _______________________________ Date: ________________
Printed Name: _______________________________

Authorized Representative 6 Signature: _______________________________ Date: ________________
Printed Name: _______________________________

Application Submission Checklist:
☐ Application filled out in completion
☐ Applicable licenses/permits (i.e. Dept of Agriculture, 501c3, business license, Sec of State)
☐ References (see page 3 for information)
☐ Any other supplemental information (handouts, flyers, foster or adoption application, etc) if you’d like to provide

Once completed, please submit this application to
Chicago Animal Care and Control
2741 S. Western Ave. Chicago IL 60608.
ATTN: Animal Placement Coordinator Office
Applications can be emailed to CACCRescue@cityofchicago.org or also be faxed to (312) 747-1409.
*The preferred method of submission of all documents is via email.*

TO BE FILLED OUT BY CHICAGO ANIMAL CARE & CONTROL

Name of employee that received application: _______________________________ Date received application: _______________________________

State license: ______________ 501c3: ______________ City License: ______________

Application approved: ☐ Yes ☐ No By: _______________________________ Date: _______________________________

Signature