Candidate Eligibility Guidelines

Animals not eligible for our Transfer Program:

● Any animal with a bite history towards humans

● Dogs who have caused injury to another animal

● Cats who are unable to be handled and pose a bite risk

● Reptiles, birds and small mammals.

○ We are hoping in the future to accept small mammals

Requirements for all animals:

● Adherence to Pet Networks Humane Society (Destination Agency) vaccination requirements (see addendum 1)

● Current vaccine records and medical and behavioral history records (if available) ● Rightful & legal ownership of the animal by the source agency must be recorded for all animals being transferred. Animals thus must have served the source agency’s state or municipalities’ required stray hold, or been surrendered to the partner agency by the previous owner in accordance with local, county and state regulations.

Behavior Records

A dog or cat with a known history in the form of a previous owner questionnaire, behavior assessment from another shelter, or a brief profile from your volunteers or staff will be adopted more quickly than those with an unknown past. Send all documentation, if any, of the animal’s behavior and history as this will assist us in finding the most appropriate placement. In some situations, a current behavioral assessment and history may be a requirement prior to approval for transport. See candidate eligibility guidelines below.

Puppies (4 months and under):

● PNHS will consider any breed puppy for transfer

● All puppies must tolerate an exam and assessment

● Must not attempt to bite the handler

● Must not display fearfulness so severe that the animal cannot perform normal daily functions

Adult Dogs (5 months and up) Behavioral & Breed Considerations:

● All dogs must tolerate safe handling for an exam and assessment.

○ Must not attempt to bite the handler

○ Must not display fearfulness so severe that the animal cannot perform normal daily functions

● All dogs must have appropriate kennel presence. Any dog presenting excessive barking, jumping, or exhibiting extreme kennel/barrier reactivity towards humans or other dogs will not be considered for transport.

● All dogs should be able to walk past another dog while on a leash. Those dogs who lunge with intent to bite, towards the other dog or handler, are not candidates for transfer.

○ PNHS requires that partner shelters perform basic behavior evaluations on all dogs over 35 lbs, including a dog to dog assessment.

● If you have any questions about an animal’s suitability for PNHS, please contact our transfer supervisor for pre-approval.

● Please see our Transfer Behavior Requirement Chart.

Kittens (5 months and under):

● PNHS will consider all kittens 2 lbs and over who are healthy enough to be transported safely with the distance between the sending shelter and PNHS taken into consideration. ● Any kittens under 2 lbs will require approval from our transfer supervisor before consideration.

● All kittens must tolerate handling during the exam and assessment.

Cats (6 months and up):

● PNHS may consider cats that are FIV positive, but transfer must be pre-approved ● All cats should be able to be safely crated at the sending shelter

● All cats should be able to be safely handled during the exam and assessment ○ Must not attempt to bite the handler

○ Must not display fearfulness so severe that the animal cannot perform normal daily functions

Animals with Medical Conditions:

Certain medical/surgical cases may be considered depending on severity and resources available. These types of cases must first be pre-approved by our transfer supervisor and shelter veterinarian before transfer and include:

● Disclose exposure and current outbreaks/cases of including but not limited to (parvo, distemper, ringworm, calici, sarcoptic mites etc)

● Mild upper respiratory infections (URI). Animal(s) must be considered healthy enough to safely and humanely travel the distance from sending shelter to PNHS.

● Post Ringworm (must have 1 negative culture before transfer being considered clear) ● Demodex mange

● Orthopedic injuries including fractures & amputations

● Eye conditions such as entropion, ectropion, cherry eye repair, and enucleation ● Dentistry

● Benign masses/hernias

● Heartworm positive

● Mild Infections (mild dermatitis, mild external ear infection, abscess & UTI)

Acknowledgement

This agreement is made by and between: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [printed organization name of Source Shelter], a 501(c)(3) nonprofit or municipal organization, incorporated in the State of Nevada (“the Source Agency”) with the following

address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [printed address, city, state, and zip code of organization]

**And;**

2. Pet Network Humane Society, a 501(c)(3) nonprofit organization, incorporated in the State of Nevada (“the Destination Agency”) with the following address: 401 Village Blvd. Incline Village, NV 89451.

**IN WITNESS WHEREOF**, the parties have, by their authorized agents, signed and delivered this Agreement as of the date of the last signature below:

SOURCE Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAX ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination Agency: Pet Network Humane Society Tax ID# 94-3162646

Authorized Signer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Katie Millonzi

Title: Director of Operations

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this you are agreeing to the conditions within this document. Non-adherence to these terms may result in the inability to maintain transport partnerships.**

**Addendum 1:** Rabies Certificate Requirements

Must include the following:

● Clinic Name

● Patient Details (species, age, breed)

● Date Given

● Date Due

● Lot/Serial #

● Manufacturer

● Vet Signature

● Printed Vet Name

● Vet License #

**Requirements prior to transport:**

**Dogs:**

At least one DAPP vaccine

Bordetella + canine parainfluenza virus intranasal vaccine

**Cats:**

At least one FVRCP vaccine

**Suggested but not required:**

Dewormer (pyrantel) for roundworms and hookworms

Rabies vaccine

Heartworm test adults > 6 months, heartworm prevention

Topical flea and tick

3 days ponazuril for coccidia in puppies and kittens (2 weeks - 3 months)

5 days panacur for giardia for dogs

**Addendum 2: Ownership of Animals**

For the purpose of transferring ownership, control, and responsibility of said animals which have surpassed the Source Agency’s State required stray hold time and are now available for adoption or transfer. At the time of transport, the Source Agency attests that said animals are considered healthy (not demonstrating any signs of illness) and of sound temperament, in accordance with the guidelines set out by the Destination Agency, making them good candidates for typical adoption programs, unless prior approval has been given by the Destination Agency. The Source Agency desires transfer of ownership, care, and custody of said animals to the Destination Agency subject to the terms of this agreement. The Destination Agency shall take ownership, care, and custody of those Transferred Animals on the manifest at the time the Destination Agency representative signs for or accepts said animals. Any transported animal shall not be euthanized for reason of lack of space and any decision for euthanasia shall be for illness or behaviors that are severe and/or unable to be rehabilitated. Furthermore, the Destination agency agrees that no animal in their shelter will be euthanized to make space for any transported animals. Note: Animals will not be returned to the Source Agency if they are deemed no longer adoptable unless prior arrangements are made between the above parties; any returns would be at the expense of the Source Agency.

Additionally, **the Source Agency shall not forward Destination Agency’s information to patrons wishing to reclaim animals after transport to Destination Agency**. The Source agency is welcome to contact our transfer supervisor in an effort to assist the patron in reclaiming the animal from the Destination Agency if the animal is still in the Destination Agency’s care.

Transfer Agreement

This transfer agreement is entered into as of this [enter date] (the “Effective Date”) and is made by and between [enter shelter name], having an address of [enter address] (Destination Agency) and Pet Network Humane Society, a 501(c)(3) nonprofit organization having an address of 401 Village Blvd. Incline Village, NV 89451 (Source Agency).

**WHEREAS,** Source Agency confirms its intent to transfer certain animals to the Destination Agency and confirms it is the rightful owner of any animals that may be transferred and that such animals have surpassed any applicable state or municipality required stray hold period; and

**WHEREAS,** Destination Agency has the desire, as well as the available space and sufficient resources, to take ownership and possession of the animals with the intent of finding permanent placement for the animals; and

**WHEREAS,** Destination and Source Agencies shall mutually arrange for the safe and humane transport of the animals (“Transport”) through its own means or through the assistance of a reputable third party carrier; and

**WHEREAS,** Source Agency shall transfer, and Destination shall accept, all rights, ownership, control and responsibility of the animals in accordance with the terms of this Agreement.

**IN WITNESS WHEREOF,** the Parties have, by their authorized agents, signed and delivered this Agreement as of the Effective Date set forth above:

**NOW THEREFORE**, in consideration of the mutual promises contained herein and for other good and valuable consideration the receipt of which is acknowledged, the Agencies hereby agree as follows:

**AGREEMENT:**

**1. Confirmation of the Viability of a Transport Program**

Both Agencies have reviewed and confirmed the following:

a. Each Agency’s motivation for participating in animal transport

b. The impact on and capacity of each Agency to engage in animal transport c.The impact on and capacity of each Agency’s community if that Agency participates in animal transport

d. A high likelihood of improving the outcome for animals if a transport program is implemented

e. A strong commitment to transparent collaboration

**2. Key Transport Program Elements**

The transport program operates within these parameters:

a. Public health and safety will be the primary concerns.

b. Agencies will be registered 501-C-3 or municipal organizations.

c. Agencies and all their representatives will abide by all local, state and federal regulations. d. Humane standards of care will be afforded to every animal being transported. e. Animal Transport Best Practices as outlined by The Association for Animal Welfare Advancement will be utilized to establish and improve the program.

**3. Terms**

This MOU shall be effective as of the Effective Date written above and binding upon the Parties until the notice of termination is provided by either Party of this MOU. A 30 day notice of termination is desired but not required.

DESTINATION

AGENCY:\_Pet Network Humane Society

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT:Katie Millonzi

TITLE:Director of Operations

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOURCE AGENCY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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