



# ORANGE COUNTY ANIMAL SERVICES

1601 Eubanks Road Chapel Hill, NC 27516 ♦ 919-942-7387 (PETS) ♦ [www.co.orange.nc.us/animal\\_services](http://www.co.orange.nc.us/animal_services)

## Placement Partner Profile

*Thank you for taking the time to complete this form.*

|  |                 |             |                |               |
|--|-----------------|-------------|----------------|---------------|
| Name of organization _____                           |                 |             |                | Date _____    |
| Address _____  | City _____      | State _____ | Zip code _____ | Website _____ |
| Mailing Address (If different from above) City _____ |                 | State _____ | Zip code _____ | E-mail _____  |
| Phone _____  | Alternate _____ |             | Fax _____      |               |
| Primary Contact Name _____                           | E-mail _____    |             | Phone _____    |               |
| Secondary Contact Name _____                         | E-mail _____    |             | Phone _____    |               |

|   |  |
|---|--|
| Is this organization a registered 501(c)3 non-profit?                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| What breed(s) and/or type(s) is placement provided for?                   |  |
| Are mixes of these breeds accepted?                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Comments:   |
| Will the organization consider taking in animals with medical conditions? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Comments:   |
| Will the organization consider taking in animals with behavior problems?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Comments:   |
| How does the organization house animals?                                  | <input type="checkbox"/> Foster Homes <input type="checkbox"/> Our Own Facility<br><input type="checkbox"/> Boarding Kennel(s): _____<br><input type="checkbox"/> Other: _____ |
| Please list the veterinary clinic(s) your organization uses.              |  |
| What is the organization's long-term plan for animals not adopted?        |  |

Please return the completed application form along with the completed Placement Partner Agreement and a copy of your 501c(3) to us by e-mail, fax or mail. If faxing or Mailing, please address to the attention of Jess Allison, Shelter Manager

Fax: 919-918-2393

E-mail: [jallison@co.orange.nc.us](mailto:jallison@co.orange.nc.us)