



Hillsborough County Department of Animal Services
440 Falkenburg Road, Tampa, Fl. 33619
(813) 744-5660 Fax: (813) 744-5506

Hillsborough County Adoption Partner's Program

Please provide the requested information. Complete and forward this application to Hillsborough County Animal Services (HCAS).

Name of Rescue Public Phone

Address Website: http://

1st Contact Email Phone

2nd Contact Email Phone

Tax Exempt Number Type of Breed Rescuing

Names of Officers and Title:

Name of Veterinarian Phone

Adoption Partnership Agreement

- 1. We are a duly registered nonprofit group and have current 501(c) (3).
2. We have a mission statement that is consistent with this partnership.
3. We guarantee that any animal transferred from HCAS to our group will be sterilized and receive all necessary veterinary care before it is re-homed.
4. We agree to provide proof to HCAS, if asked, that veterinary care has been provided to the animal in a timely fashion.
5. We agree to provide proof of sterilization in a timely fashion.
6. We agree to allow HCAS to periodically make home visits of our foster homes or care facilities if needed.
7. Once we take possession of an animal from HCAS, we assume all further liability for this animal and agree to hold HCAS harmless should the animal bite someone or cause harm to another person or property.
8. This agreement can be discontinued by either party for any reason.

Please attach the following:

A copy of your 501(c) (3), a letter of recommendation from your veterinarian, names of all transport people and their phone numbers.

I, certify all information submitted on this application is true and correct. I further understand any falsification of information contained herein is grounds for denial or revocation of this agreement.

Signature Date

Sworn to and subscribed before me on this day of 200
Personally known to me: ID information:
Notary Public,