

## HUMANE SOCIETY OF ELKHART COUNTY – RESOURCE SURVEY FORM

1. Organization or Business: Date:
2. Address, City, State, Zip Code:
3. Phone #: 4. Fax #:
5. E-Mail: 6. Website:
7. Contact Name: 8. Phone #:
9. Contact Address (If different from above):
10. Contact E-Mail (If different from above):
11. May the Humane Society provide your contact information to individuals who may inquire about rescue situations which are relevant to your group?  Yes  No
12. Purpose of organization or business (Attach additional paper as needed):
13. Is organization a current 501c3?  Yes  No If Yes, how long have you been a 501c3? (Attach IRS determination letter.)
14. If no, are you a for profit corporation?  Yes  No
15. How long have you been in business? Please attach a copy of your most recent audit or year-end financial statement or budget. If you have filed a 990, please indicate this and it will not be necessary to send the other documentation.
16. Organization focuses on (check all that apply):
- |                                       |  |   |                                     |   |
|---------------------------------------|--|---|-------------------------------------|---|
| <input type="checkbox"/> Rescue       | <input type="checkbox"/> Adoption      | <input type="checkbox"/> Spay/Neuter    | <input type="checkbox"/> Fostering  | <input type="checkbox"/> Trap/Neuter/Return |
| <input type="checkbox"/> Wildlife     | <input type="checkbox"/> Domestic Dogs | <input type="checkbox"/> Domestic Cats  | <input type="checkbox"/> Feral Cats | <input type="checkbox"/> Small domestics    |
| <input type="checkbox"/> Farm animals | <input type="checkbox"/> Horses        | <input type="checkbox"/> Exotic Animals | <input type="checkbox"/> Birds      | <input type="checkbox"/> Amphibian          |
| <input type="checkbox"/> Reptiles     | <input type="checkbox"/> Other: _____  |   |                                     |   |
17. Does group have any specific certifications (i.e. wildlife rehab, animal first aid, etc.)? If yes, please list and attach current certifications:
18. If a member of the community contacted your organization or business, what types of services could they obtain and for what charges (if any) would they be responsible? (Attach additional paper as needed)
19. Do you accept owner releases?  Yes  No
20. If you own a facility, describe the facility and how it supports the work that you do on behalf of the animals you serve (Attach additional paper as needed):
21. Do you use foster homes and volunteers?  Yes  No If yes, explain your foster and volunteer approval process including the types of trainings provided for these individuals and current number of volunteers who support your organization:

- 22. How many animals do you take in a year?
- 23. What is your average monthly adoption?
- 24. How do you advertise your adoptable animals (i.e. events, petfinder, etc.)?
- 25. If you receive an animal that has bitten, what is your policy for dealing with biting animals? (Attach additional paper as needed)
- 26. Do you provide financial assistance for individuals who are unable to afford your services?  Yes  No
- 27. If yes, please explain:
- 28. Please list other shelters and groups with which you collaborate and type of collaboration:
- 29. What do you feel are priority issues relevant to animal welfare in your community?
- 30. Do you work with a specific veterinarian or vet clinic?  Yes  No
- 31. If yes, please list their contact information:

**Please attach three references from other organizations with which you may collaborate that can attest to the work you do and the types of services you support. Do NOT include individuals who currently volunteer with your organization. Please include contacts from other shelters or animal welfare groups with which you have worked.**

Other thoughts/comments?

Please return this form to: Humane Society of Elkhart County, 54687 CR 19, Bristol, IN 46507

For further information call: 574-848-4225 Phone 574-848-5453 Fax

FOR OFFICE USE ONLY:	
Approval Date: _____	Denial Date: _____
Notification Sent: _____	Other: _____