



## Rescue Alliance of Hairless & Other Breeds, Inc.

A Nationwide 501(c)3 Non-Profit Animal Rescue

### ***Our Basic Premise***

Thank you for your interest in becoming an Affiliate of Rescue Alliance. **Rescue Alliance of Hairless & Other Breeds, Inc.** ("Rescue Alliance") is a 501(c)3 non-profit corporation. Rescue Alliance was established to support individual rescuers of companion animals. Rescue Alliance acts as a fiscal sponsor to individual rescuers who are termed "Affiliates." The activities specific to each Affiliate's rescue group is considered an "Affiliate Program" of Rescue Alliance. Affiliates and their programs must be in compliance with all nonprofit rules and financial regulations required by Rescue Alliance.

#### **The following is *REQUIRED* of all Rescue Alliance Affiliates:**

1. Keeping accurate financial records and submitting to Rescue Alliance reimbursement requests, receipts and invoices for rescue expenses.
2. Providing **Rescue Alliance** with monthly animal activity reports.
3. Joining the RescueAlliancerescuemembers Yahoo group to have access to Rescue Alliance documents that pertain to Affiliate rescue.
4. Clearly display membership affiliation with Rescue Alliance on website.
5. Follow all procedures for reporting and provide documentation as required by the Rescue Alliance agreement.

Note: Staff and board members are available to help those who need assistance in the areas listed above.

#### **Affiliates have discretion regarding the following:**

1. Naming of their rescue program
2. Setting up and maintaining a rescue website
3. Deciding what animals will be rescued and how many may be fostered (within local, state laws and ordinances)
4. Placing animals with the public (within local, state laws and ordinances)
5. Holding fundraisers (that are compliant with nonprofit and I.R.S. laws)
6. Setting adoption fees

**Rescue Alliance is responsible for the following:**

1. Filing tax returns for the organization
2. Providing Affiliates with all contracts and forms needed
3. Reimbursing Affiliates for all legitimate rescue expenses
4. Providing support for Affiliates through our website and other marketing tools.
5. Providing financial oversight and financial record management for all Rescue Alliance Affiliates
6. Maintaining all standards consistent with IRS nonprofit and all local, state, and federal laws and regulations.

**Fees and Dues** – Rescue Alliance deducts ten percent of all Affiliate Program income (such as donations and adoption fees) to cover administrative, accounting and nonprofit expenses incurred as a 501(c)3 nonprofit and fiscal sponsor.



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### **AFFILIATE APPLICATION**

Thank you for considering joining Rescue Alliance of Hairless & Other Breeds, Inc. It is our desire to have a network of rescuers across the U.S. who support each other in the legitimate rescue of companion animals. Once we have received and screened your completed application and references, one of our board members will contact you to arrange a home visit. If you operate a shelter away from your home, we will also arrange a visit to your shelter.

Name:

Name of Rescue Group:

Address:

Phone(s):

Driver's License #:

Best time to reach you by phone:

Email address:

Website (if you have one):

Do you own your home? Yes:  No:

If NO, please provide your landlord's information:

Landlord Name:

Address:

Phone(s)

Do you have a rental/lease agreement? Yes:  No:

If yes, please provide a copy of your rental/lease agreement, along with a letter from your landlord acknowledging that he/she is aware and approves of your rescue involvement.

If you have been at your present location for less than 2 years, please provide your previous addresses:

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Are you currently participating in rescue (either as an independent rescuer or as a foster home, transporter or other)? Yes: \_\_\_ No: \_\_\_

If "Yes," what organization(s) are you affiliated with, and what is your role?

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Please attach a list of the names and description of animals you have taken in and placed in the last 90 days and provide a blank copy of the adoption contract you currently use.

Do you require the animals you place to be spayed or neutered prior to adoption? Yes: \_\_\_ No: \_\_\_ If "No," please explain:

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Are you in compliance with local animal ordinances and do you have all necessary licenses and permits? Yes: \_\_\_ No: \_\_\_

Do you have a current kennel permit? Yes: \_\_\_ No: \_\_\_  
Commercial or Residential: \_\_\_\_\_

If you answered "Yes," **please attach copies** of your state and local laws and/or ordinances addressing animal ownership and fostering as well as copies of your license(s) and/or permit(s).

If you answered "No" please explain: \_\_\_\_\_

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Name of Rescue Alliance Affiliate who referred you: \_\_\_\_\_

## ANIMALS IN YOUR CARE

### **Personal Animals**

Please list **all of your own** animals in your household (*attach additional sheet if necessary*):

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes:  No:  if you answered "No," why?

Current Vaccines? Yes:  No:  if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes:  No:  if you answered "No," why?

Current Vaccines? Yes:  No:  if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes:  No:  if you answered "No," why?

Current Vaccines? Yes:  No:  if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes:  No:  if you answered "No," why?

Current Vaccines? Yes:  No:  if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes:  No:  if you answered "No," why?

Current Vaccines? Yes:  No:  if you answered "No," please explain:

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## FOSTER ANIMALS

Please list **all of the foster animals** in your care, including those that you are responsible for that are in other foster homes. *(Attach additional sheet if necessary):*

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes: \_\_\_ No: \_\_\_ if you answered "No," why?

Current Vaccines? Yes: \_\_\_ No: \_ if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes: \_\_\_ No: \_\_\_ if you answered "No," why?

Current Vaccines? Yes: \_\_\_ No: \_ if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes: \_\_\_ No: \_\_\_ if you answered "No," why?

Current Vaccines? Yes: \_\_\_ No: \_ if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes: \_\_\_ No: \_\_\_ if you answered "No," why?

Current Vaccines? Yes: \_\_\_ No: \_ if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes: \_\_\_ No: \_\_\_ if you answered "No," why?

Current Vaccines? Yes: \_\_\_ No: \_ if you answered "No," please explain:

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**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
Altered: Yes: \_\_\_ No: \_\_\_ if you answered "No," why?

Current Vaccines? Yes: \_\_\_ No: \_ if you answered "No," please explain:

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## REFERENCES

### *Personal References*

Please provide us with four references of people **not** related to you who have known you for a minimum of two years, and have been to your facility/home where you care for your animals.

Name: \_\_\_\_\_ How long known: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ How long known: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ How long known: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ How long known: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### *Veterinary References*

Please provide us with two veterinary references (***a Vet Reference Letter must be submitted by each Vet designated below – sample letter is attached***). At least one Vet must be current.

Name of Vet's Office: \_\_\_\_\_

Name of Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Vet's Office: \_\_\_\_\_

Name of Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# [LETTERS COMING SEPARATELY]

## SAMPLE LETTER

(ON VETERNARIAN'S LETTERHEAD)

Date:

To: Rescue Alliance of Hairless & Other Breeds, Inc.  
c/o Debby Sweet  
5425 Jack Creek Road  
Templeton, CA 93465

This is to confirm that \_\_\_\_\_ has been our  
client from \_\_\_\_\_ to \_\_\_\_\_,

and has always maintained his/her own animals and his/her rescue animals (if  
applicable) in good health with regular and appropriate veterinary care.

Sincerely,

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*(Signature of Veterinarian)*

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*(Print Name of Veterinarian & License #)*