

ANIMAL RELATED SERVICES SUPPLEMENTAL APPLICATION
Humane Societies & SPCA, Pet Grooming, Sitting, Training or Boarding Kennels
Supplemental Application to accompany fully completed ACORD application or its equivalent. Must answer all questions and the application must be signed and dated by the Applicant.

Applicant's Name and Mailing Address	Contact Information
Applicant Name:	Applicant's Phone Number:
Applicant Mailing Address:	Applicant's Email Address:
	Applicant's Web Address:
	Inspection Contact:
	Contact Phone Number:

PROPOSED EFFECTIVE/EXPIRATION DATES: From _____ To _____
12:01 A.M., Standard Time, at the address of the Applicant

ORGANIZATION INFORMATION:

1. Facility Information: Independent Franchise
 Are you a 501(c)3?:..... YES NO
 Year Established: _____ Total Revenue (for the current year): _____
 Accreditation or membership in any associations: YES NO
 a. Please list all Affiliations, Business Names or Trading Names.

2. If services or operations exist for any of the following, check all that apply and include details under remarks, or: N/A
 Animals Used/Bred for Show Animal Breeding
 Animal Shelter – intake, adoption & fostering Care, service or breeding of Exotic animals
 Animal Control Agency / Officers Sanctuary for displaced or abandoned animals
3. Do you use independent contractors for any pet care services? Explain details under remarks or N/A
4. Do you have an employee handbook? YES NO
5. Do you have volunteers? YES NO
 Do you currently have Volunteer Accident coverage? YES NO
 If yes, please provide copy of declarations.
 If yes, how many annually? _____ What capacity are volunteers involved?
 Dog Walking Fostering in-home (dog or cat)
 Kennel attendant (includes cleaning) Other (please detail under remarks)
6. Do you have formal training procedures for employees and volunteers? YES NO
 To whom do the volunteers report? _____ (write n/a if you do not have volunteers)
7. Do you provide pickup and/or delivery service of pets? YES NO
8. Do you have any owned vehicles? YES NO
 Are there written standard procedures for use of company owned vehicles? YES NO
 Do employees or volunteers use their personal vehicles on behalf of the organization? .. YES NO
9. How do you secure animals during transport or while walking or transferring the animal to a vehicle or location? _____
10. How do you secure animals to prevent accidental release on premises? _____
11. Do you allow employees to take animals home? YES NO

FULL DETAILS FOR ANY NO RESPONSE OR WHERE REQUESTED MUST BE INCLUDED IN THE REMARKS SECTION BELOW.

Please complete the following:

# of Kennels/Cages/Compartments		
# of Employees (not including DVM)		
# of Volunteers (not including DVM)		
# of Foster Homes		
# of Employed Veterinarians (DVM)		Annual Payroll: \$
# of Contracted Veterinarians (DVM)		Do you obtain proof of insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
# of Volunteer Veterinarians (DVM)		Do you obtain proof of insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
# of Board Members		Are Board members elected? <input type="checkbox"/> YES <input type="checkbox"/> NO
Average # of Volunteers per day		
Average # of Visitors per day		
# of Animal intakes annually		
# of Adoptions annually		
Pet Grooming Receipts		
Pet Training Receipts		
Boarding / Kenneling Receipts		
Gift Shop / Retail Receipts		
Veterinary Payroll		

OPERATIONS:

- Boarding & Kennels (including Shelters) – Complete the following or: N/A**

Number of kennels or stalls: _____ Estimated Annual Gross Sales: _____

Domestic Dogs Domestic Cats Other – Type _____

The facility is inspected and meets all license requirements: YES NO

The public is restricted from boarding area access: YES NO

A written Boarding Agreement is obtained prior to accepting an animal: YES NO

The written Boarding Agreement includes the following – check all that apply:

Copies of current vaccination records. Feeding and grooming instructions.

Emergency personal contact information Exercise Schedule

Emergency veterinarian contact Medication type and schedule

A written action plan is in place when an animal shows signs of aggression: YES NO
- Animal Behavior & Health Assessment – Complete the following.**

Is there a Certified Animal Behaviorist on staff? YES NO

Are temperament tests performed on each animal for the following:

Food Aggression YES NO

Aggression towards other animals YES NO

Aggression towards persons/children YES NO

Are all animals leashed or in carriers when out of kennels? YES NO

Are kennels clearly labeled for animals deemed aggressive? YES NO

Do you place animals with aggressive behaviors into foster or adoptive homes? YES NO

Do you provide any spay or neuter services? YES NO

Are all drugs and narcotics secured with restricted access? YES NO

Do you perform euthanasia? YES NO

Is there a crematory on premises? YES NO
- Do you have foster homes? YES NO**

Do you have written foster procedures and guidelines with hold harmless waiver? YES NO

Do you require all foster homes to sign a contract/procedures and guidelines? YES NO

Do you have a written adoption agreement with hold harmless waiver? YES NO
 Are visitors and volunteers supervised at all times while handling animals? YES NO

4. Do you offer Basic Obedience Training for Household Pets?..... YES NO
 Do you administer any drugs or medications to assist in the training process? YES NO

5. Pet Grooming – Complete the following or: N/A
 Number of Groomers: _____ Estimated Annual Gross Sales: _____
 Domestic Dogs Domestic Cats Other – Type _____
 Do all employees meet local and state certification and license requirements? YES NO
 Do customers have access to grooming area or allowed to assist in grooming? YES NO
 Do you administer any drugs or medications to assist in the grooming process? YES NO
 Are you a pet grooming school or affiliated with any training institutes or internships? YES NO

6. Pet Sitting Away From Premises (See Boarding Kennel for on-site) – Complete the following
 or:..... N/A
 Number of Pet Sitters: _____ Estimated Annual Gross Receipts: _____
 Domestic Dogs Domestic Cats Other – Type _____
 Do you maintain a performance bond? YES NO
 Do you provide services for or to injured animals or those that require medical care? YES NO
 A written Service Agreement is obtained prior to services performed: YES NO
 The written Service Agreement includes the following – check all that apply:
 Copies of current vaccination records. Feeding and grooming instructions.
 Emergency personal contact information Exercise Schedule
 Emergency veterinarian contact Medication type and schedule
 A written action plan is in place when an animal shows signs of aggression: YES NO
 Do you provide any additional services during the pet sitting away from premises? YES NO

ADDITIONAL EXPOSURES:

1. Do you lease any portion of your premises to others? Check all that apply, or: N/A
 Please fully complete this section. No. Sq. ft. Leased Written Lease COI Include as AI
 Pet Groomer _____
 Pet Hotel _____
 Pet Trainer _____
 Veterinarians (not employed by you) _____
 OTHER – Describe under remarks _____

2. Describe any special events sponsored by you or on your behalf or: N/A
 Special Events coverage is available with our Take1 team. Request an application for your events.

3. Describe all pet related products sold by you or on your behalf or: N/A
 Provide the estimated annual gross receipts for the following:

Products Manufactured by Others Sold By You or: N/A
 Animal / Pet Products not drugs or pharmaceuticals:\$ _____
 Medical / Drug / Pharmaceutical Preparations: \$ _____

Products Sold or Distributed Under Your Own Label or: N/A
 Animal / Pet Products not drugs or pharmaceuticals:\$ _____
 Medical / Drug / Pharmaceutical Preparations: \$ _____

Are all products manufactured domestically? YES NO

