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**Animal Relocation Grant – SUPPLEMENTAL**

*This information will be supplemental to the Grant Application you fill out on the ASPCA website. It will help us to track trends and to better understand your organization and your animal relocation program.*

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Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of ASPCA Staff Contact *(if any)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Amount of Grant Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated cost per animal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(divide grant request amount by total number of animals)

Number of dogs grant will effect: \_\_\_\_\_\_\_\_\_\_ Number of cats grant will effect: \_\_\_\_\_\_\_\_\_\_

For non-vehicle grants, please provide a brief description of how this funding will impact animals **and** over what time period (30 words or less).

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For vehicle grants, please provide a brief description of how this funding will impact animals (30 words or less) **and** include a breakdown of projected # animals, over a 3-year period. (We realize this number is an estimate and may change).

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1st year projected # animals assisted: \_\_\_\_\_\_\_\_\_\_

2nd year projected # animals assisted: \_\_\_\_\_\_\_\_\_\_

3rd year project # animals assisted: \_\_\_\_\_\_\_\_\_\_

Total projected # animals assisted for 3 years: \_\_\_\_\_\_\_\_\_\_

The animal relocation ROLE of your organization for THIS PROJECT will be (check all that apply):

 Source (transferring animals OUT)

 Destination (receiving transferred animals)

 Transporter (delivering animals to another organization)

 Transport Prep (medical care, s/n, vaccinations, behavior evaluation, etc.)

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Organization Type:

 Animal Shelter – OPEN Admission

 Animal Shelter – LIMITED Admission

 Rescue Group

 Transporter

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Animal statistics tracking system used at your organization:

 Chameleon

 PetPoint

 ShelterBuddy

 Shelter Exchange

 Excel/Spreadsheet type

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 None – don’t have one

*3.* Where are the animals at your organization altered? *(check all that apply)*

 S/N clinic at your organization – OPEN to the public.

 S/N clinic at your organization – NOT open to the public.

 Private veterinary clinic

 Humane Alliance or other non-profit S/N clinic

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 N/A – we do not alter our animals.

4. If you have a S/N clinic at your organization that is OPEN TO THE PUBLIC, how many s/n surgeries are performed each year:

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**SOURCE SHELTER**

Complete the next 6 questions relating to the Source Shelter involvement in the preparation of animals for delivery.

1. Describe how you/or Source Shelter will ensure that all the animals are healthy and behaviorally sound prior to delivery.

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1. Do you have a written agreement with the Destination Shelter regarding preferences for selection of animals for transport (i.e. breed, size, age)?
* Yes *(if yes, please attach at end of application)*
* No
1. During transport, how will each animal be identified? (Check all that apply):

 Collar with ID tag

 Band with written ID number/name

 Microchip

 Other *(please describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long before transport are animals given a health examination?

 24 hours

 48 hours

 Other (number of hours) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 N/A

5. Prior to transport, each animal will receive: *(check all that apply)*

 Health Certificate  Rabies vaccination

 S/N surgery  Standard vaccination (i.e. DA2PP)

 Bordatella vaccination  Heartworm test

 Feline Leukemia Test *(cats)*  Fecal exam and De-worming medication

 Flea treatment  Ringworm screening

 Other

1. Does your transport program help local animals? Please explain.

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**TRANSPORT OF ANIMALS**

*Complete the next 13 questions relating to the Transporter involvement in the relocation of the animals.*

1. What method of transport will be used for the animals?

 Car with crates

 Van with crates

 Animal Transport Vehicle *(with built-in kennels)* Manufacturer:

 Animal Transport Vehicle *(No built-in kennels)* Manufacturer:

 Animal Transport Trailer - Manufacturer:

 Horse Trailer

 Airplane

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Describe how you will ensure the animals have adequate space, comfortable stress-reducing

 environmental conditions, and good air quality.

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3. What measures will be taken to prevent the spread of disease while animals are in transit?

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4. Estimated distance animals will be transported:

 1-20 miles  30-60 miles  70-150 miles

 160-300 miles  350-500 miles  500+ miles

1. What is the estimated duration of the transport? \_\_\_\_\_\_\_\_\_\_hours x \_\_\_\_\_\_\_\_\_\_days
2. The transported animals will:

 Remain within the state

 Cross 1 state line

 Cross multiple state lines

1. During the trip, how often will the dogs be WALKED?

 Every \_\_\_\_\_\_\_\_ hours

 N/A – they will not be walked

1. During the trip, how often will the animals be FED?

 Every \_\_\_\_\_\_\_\_ hours

 Food available at all times

 N/A – they will not be fed

1. During the trip, how often will be animals be WATERED?

 Every \_\_\_\_\_\_\_\_ hours

 Water available at all times

 N/A – they will not be watered

1. During the trip, how often will the animals be observed by the driver?

 Every \_\_\_\_\_\_\_\_ hours

 Animals will have access to the driver at all times

 N/A – they will not be observed

1. Maximum number of hours animals will be transported per day: \_\_\_\_\_\_\_\_\_\_hours
2. If you will be stopping overnight, where will the animals be housed?

 At a boarding kennel

 At a shelter along the way

 They will stay in their crate inside the vehicle

 N/A – we will not be stopping overnight

1. Do you have a written procedure for emergency/medical care if needed for an animal during the trip?

 Yes *(please attach at end of document)*

 No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESTINATION SHELTER**

*Complete the next 5 questions relating to the Destination involvement in the relocation of the animals.*

1. How long after arrival are animals given a medical examination?

 Immediately

 Within 24 hours

 Within 48 hours

 Other: # hours\_\_\_\_\_\_\_\_\_\_

 N/A – not given a medical exam

1. Do you have a written agreement with the Source shelter regarding how euthanasia decisions will be made on transported animals?

 Yes *(please attach at end of document)*

 No

1. Determination for the need for isolation, veterinary care or quarantine of animals is made by:

 Staff Veterinarian

 Operations/Kennel Manager

 Kennel Staff

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 N/A

1. How long after arrival will the animals be available for adoption?

 Immediately

 After 24 hour rest time

 After quarantine - # days\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What measures will be taken to prevent the spread of disease upon arrival at the destination facility?

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1. In 50 words or less, briefly describe how your organization assures that incoming animals do not displace local/community animals needing shelter.

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**COLLABORATION:**Partner Agencies *– List who you will be partnering with to relocate the animals for THIS project.*

1. **Their ROLE:** Source Destination – SHELTER Destination – RESCUE GROUP

TransporterOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you worked with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you visited their facility? Yes No If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Their ROLE:** Source Destination – SHELTER Destination – RESCUE GROUP

TransporterOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you worked with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you visited their facility? Yes No If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Their ROLE:** Source Destination – SHELTER Destination – RESCUE GROUP

TransporterOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you worked with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you visited their facility? Yes No If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Their ROLE:** Source Destination – SHELTER Destination – RESCUE GROUP

TransporterOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you worked with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you visited their facility? Yes No If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you need more room – attach additional partner list at end of this document.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASPCA MAP**

1. Are you a member of the ASPCA MAP? YesNo
2. If you are not a member of the ASPCA MAP:
	1. Have you submitted your application to the MAP and are waiting on approval? YesNo
	2. Have you heard about the ASPCA MAP?

YesNo

* 1. Are you a transport only organization? (Do not provide sheltering or adoption services)

YesNo