



Rowan County Animal Services

160 Adoption Way, Salisbury, NC 28146
Telephone : (704) 216-7768

Page 1 of 2

Rescue Group Transfer Agreement & Written Standards

Rescue Group Name	
Address	
Primary Phone Number	
Email Address	
Tax ID	

Rescue Group Partner Application Process:

- Copy of their 501(c)3
- Minimum of 1 written reference showing their work with a veterinarian
- Provide a copy of the groups bylaws, policies and procedures, as well as a copy of their standard policy in vaccination and spay/neuter procedures
- Provide a list of approved individuals for pulling animals from the Shelter. (Once the individual arrives at the Shelter, they must provide the staff with a valid photo ID, which must match the name on the list.)
- Provide the name, phone number and contact information of the Animal Control Department in the county where they are from so RCAS can verify if this rescue is in good standing with Animal Control
- Sign RCAS's Rescue Group Transfer Agreement & Written Standards Form

Rescue Group Partner Expectations:

- Responsible for adhering to all Rowan County Animal Services (herein known as RCAS) standards.
- Agree to a premises check upon request of RCAS which can include a visual inspection of the living quarters of all animal(s) and testing for transmissible disease.
- All animal(s) within the rescue group's care will have access to adequate feed and adequate water in compliance with 02 NCAC 52J .0205 and 02 NCAC 52J .0206. These rules can be found at www.ncargr.gov/vet/aws
- All animal(s) within the rescue group's care will have access to clean facilities, which includes removal of waste and organic matter, access to clean bedding, clean food/water bowls and adequate sanitizing of items and surfaces.
- All animal(s) within the rescue group's care will be provided with exercise, play, environmental enrichment, and adequate human and same species socialization to help ensure temperament will be as sound as possible.
- All animal(s) within the rescue group's care will be provided with appropriate veterinary care and humane treatment of animal(s) at all times.
- Per the NC Department of Agriculture and Consumer Services, Veterinary Welfare Division, all rescue groups are required to be registered as an animal shelter if they hold themselves out to the public as an animal shelter (i.e.: advertises) AND houses 10 or more dogs or cats at any one time.



Rowan County Animal Services

160 Adoption Way, Salisbury, NC 28146
Telephone : (704) 216-7768

Page 2 of 2

As a representative of _____, I hereby release Rowan County, all of its officers,
(Rescue Group)
agents & employees from any and all claims arising from or connected with the claiming of the animal. I agree that neither
I nor _____ will claim any right of compensation from any person or entity or file
(Rescue Group)
any action by reason of the claiming of this animal from Rowan County Animal Services.

I understand there has been no direct or implied assurance that the animal is either behaviorally suitable or healthy. I understand: (1) The animal behavior or temperament may change; (2) The animal may not be in good health or may have injuries which require veterinary care; and/or (3) The animal may be incubating any number of zoonotic diseases, including rabies.

I also understand and freely accept any responsibility to (1) obtain proper veterinarian care as necessary for the claimed animal, (2) obtain any and all legally required vaccinations and (3) have the claimed animal spayed or neutered.

I understand that in the event that any of the animal(s) pulled die within three (3) business days due to a life threatening illness RCAS is to be contacted as soon as possible. Proper documentation of the deceased animal(s) must be provided by the Rescue Group prior to the date required for rabies vaccination or the date required for proof of spay/neuter; whichever date takes precedence. Acceptable documentation includes the body of the deceased animal(s) and/or written verification of death from a licensed veterinarian, on letterhead with the vet's signature.

I further understand that my failure to adhere to any of the requirements mentioned above will result in the immediate removal
of _____ from Rowan County Animal Service's list of groups allowed to claim animals
(Rescue Group)
not otherwise selected for adoption.

_____/_____/_____
Group Representative Signature Date

_____/_____/_____
Animal Services Personnel Signature Date