



WASHOE COUNTY

REGIONAL ANIMAL SERVICES

2825 LONGLEY LANE #A
RENO, NEVADA 89502
CENTER: (775) 353-8900
DISPATCH: (775) 322-3647
FAX: (775) 353-8905
www.washoeanimals.com

Introduction

This rescue partnership program was developed to collaborate supportive efforts in the placement of unwanted shelter animals. Rescue groups play an integral role in assisting with animals that require additional marketing and placement assistance.

WCRAS keeps stray animals for a minimum of 5 days to ensure an owner ample amount of time to find their lost pet. Once available, the animal is evaluated, and an email is sent to the releasing agency group. WCRAS asks each group to transfer animals as soon as possible and may institute a specific deadline to prevent population over-crowding.

To be eligible for the program, the organization must:

1. Be a non-profit (as defined in Section 501(c)(3) of the Internal Revenue Code) a public charity or private foundation.
2. Be operated for the purpose of animal adoption
3. Have no criminal or administrative violations involving crimes against animals.
4. Be in compliance with all animal related laws; and
5. Prove their status as a releasing agency as described under NRS.620.

NRS 574.620 "Releasing agency" defined. "releasing agency" means:

1. A society incorporated pursuant to NRS 574.010 to prevent cruelty to animals;
2. An animal shelter designated by a local government for receiving and holding animals;
3. A nonprofit entity that provides for the temporary shelter, care or placement of pets; or
4. An organization that takes into custody pets which have been abandoned, abused or neglected and places those pets with new owners.

Additional Documents Required for Proof of Status may include:

Corporate Charter

Non-Profit Articles of Incorporation

Business License

Organizational membership

Procedure:

1. Releasing agency will email staff at RescueGroup@washoecounty.us and Rescue@NevadaHumaneSociety.org if they want to put a hold on an animal and make arrangements for pickup/transfer.
2. Animals will be microchipped, vaccinated if necessary and examined by WCRAS veterinarian/staff before leaving the facility.
3. The rescue group will be advised of known medical/behavior issues before transfer.



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Rescue Responsibilities

In order to maintain a productive, cohesive partnership, WCRAS has established criteria in which each rescue group is expected to adhere to. Failure of the rescue group to adhere to these expectations could result in the revocation of the groups transferring privileges. The following expectations are in place to ensure efficient and effective operation of the rescue program:

1. The rescue group shall work cooperatively and respectfully with all WCRAS staff and volunteers.
2. The rescue group shall spay/neuter any unaltered dog or cat prior to adoption or must have a written contract for the new owner to spay/neuter in accordance with NRS 574.605.
3. If the rescue group utilizes a foster care system that group shall provide WCRAS with an up to date list of authorized foster care providers for their organization, including names, addresses and phone numbers. WCRAS will perform annual audits in order to maintain accurate records. The rescue group is responsible for self – certification of such foster homes to ensure that all local ordinances and state laws are being adhered to. All authorized foster care providers must be aware that such information is collected by WCRAS.



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TRANSFER AND INDEMNIFICATION AGREEMENT
BETWEEN
WASHOE COUNTY REGIONAL ANIMAL SERVICES
AND

(Releasing Agency Name)

Washoe County has determined it to be in the best interest of the community to cooperate with animal rescue groups to maximize the potential for the re-homing of stray and/or abandoned animals through the release of certain animals from Washoe County Regional Animal Services (hereafter "the County") to the animal rescue agencies meeting legal requirements.

Nevada Revised Statutes 574.640 requires that all adoptable dogs and cats over the age of four months be sterilized before being released by a releasing agency to a new owner.

NRS 574.620 defines "releasing agency" as;

1. A society incorporated pursuant to NRS 574.010 to prevent cruelty to animals;
2. An animal shelter designated by a local government for receiving and holding animals;
3. A nonprofit entity that provides for the temporary shelter, care or placement of pets;
4. An organization that takes into custody pets which have been abandoned abused or neglected and places those pets with new owners.

The undersigned (hereafter referred to as "Releasing Agency") certifies that its principal is a releasing agency as defined in the statute, and that he/she has authority to act for its principal. The undersigned acknowledges that, as a releasing agency, the provisions of NRS 574.210 through NRS 574.660 are binding upon the organization and agrees to comply with all the provisions therein and any administrative regulations relevant to its operation.

In consideration of maintaining releasing agency status and agreement to adhere to the legal requirements placed upon releasing agencies, the County agrees to transfer animals from its facility to the Releasing Agency at no cost, under the following terms and conditions:

1. The County will, in good faith and to the best of its ability, disclose to the Releasing Agency any information it has concerning any medical or behavior problems the transferred animal may have or be suspected of having medical or behavior issues of which the County is unaware. The Releasing Agency agrees that the County bears no responsibility or liability for any costs that may be associated with the treatment of any medical or behavior problems,



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present or future, known or unknown, disclosed or undisclosed.

2. The Releasing Agency must, and by signing this document does, hold harmless and indemnify the County, its officers, employees and agents against any and all claims, causes of action, or losses occasioned by or resulting from the adoption of an animal originally transferred from the County to the undersigned, including but not limited to medical claims for the transferred animal, injuries or damages sustained by the adopting party or any affected party caused by the transferred animal.
3. No animal transferred to the Releasing Agency by the County will be sold, transferred, given, otherwise delivered to any person or facility that's primary or secondary purpose is to perform research of any kind on the animal.

This agreement is not intended to, nor does it; create any property rights benefiting the Releasing Agency. The County reserves the right to discontinue transferring animals to the Releasing Agency at any time, for any reason, which right will not be exercised arbitrarily. The Releasing Agency may terminate its participation in the transfer program at any time and agrees to give the County notice in writing should it decide to do so.

Signature of Authorized Corporate Officer

Date

For Office Use Only

Date Received: _____

Date Reviewed: _____

Reviewed By: _____

Property Inspection Completed By:

_____ Results: _____



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RESCUE PARTNERSHIP APPLICATION

Corporate Information:		
501(c)3 ID: <i>already submitted</i>	<i>(attach copy if not)</i>	
Mailing Address:		
City:	State:	
Telephone#	Fax:	Cell:
Primary Contact Person (Name and Title):		
E-Mail Address:		
Website Address:		
Veterinary Information (main veterinarian used by this group for animal care)		
Veterinarian Name:	Clinic Name:	
Address:	City:	
State:		
Telephone#:	Fax:	
Email:		
NAMES AND TITLES, ADDRESSES AND PHONE # OF AGENTS AUTHORIZED TO PULL FOR THIS GROUP (Each Agent will be required to show valid photo ID) Individuals must be 18 years or older		
Name:		
Address:	City:	State:
Telephone#:	Fax:	Cell:
Name:		
Address:	City:	State:
Telephone#:	Fax:	Cell:
Name:		
Address:	City:	State:



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Telephone#:	Fax:	Cell:
Foster address where animal will be housed if different from above:		
Address:	City:	State:
Number of animals currently housed at this location:		
If your organization utilizes foster care providers within Washoe County, please provide contact information for each, on the attached spreadsheet.		
Please indicate what governing animal control agency your organization falls under?		

I certify that I am a corporate officer of the above-named Non-Profit and that I am authorized to act on its behalf. I certify that all information provided is true, complete and correct. On behalf of the Non-Profit listed above, I will assure the humane treatment of all animals released to me or the designee(s) listed above and agree that the Non-Profit listed above, myself and all designees shall remain in compliance with local and state laws as they pertain to code compliance and humane animal care.

Signature of Authorized Corporate Officer

Date

What species/breeds of animals are you willing to rescue?

Are you interested in rescuing special needs animals such as:

- Mothers with litters
 - Orphaned
 - Older animals
 - Other, please specify:
- _____

