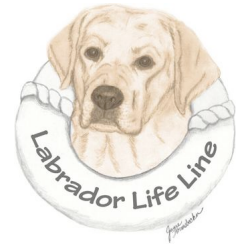




Labrador Life Line

Application for Rescue Identification



www.labradorlifeline.org

It is the Labrador Life Line (LLL) to provide Emergency financial assistance to purebred Labrador Retrievers who are deemed to be of sound temperament and adoptable. Please review our guidelines at <http://www.labradorlifeline.org/application1/guidelines1.html>

The following Identification form is to be submitted, in writing, to the LLL Triage Committee to establish you and/or your organization as a Labrador Retriever Rescue or a shelter. The purpose of this prior identification is to expedite future requests for financial assistance. Please note that being assigned an Identification Number does not guarantee funding.

Check One: Rescue Organization Individual

Organization / Individual Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

If you are an organization, are you incorporated as a non-profit? Yes No

If yes, please provide your ID number. _____

If you are an organization, are you incorporated as a 501(c)(3)? Yes No

If yes, please provide your ID number. _____

How many years of experience do you or the members of your organization have with the Labrador Retriever breed?

Approximately how many adoptable Labrador Retrievers do you have under your care at any one time:: _____

Approximately how many Labrador Retrievers do you place annually? _____

If you are not a recognized Rescue Group, please provide two (2) reference names and contact information who can verify your rescue experience and / or your do-related experience and accomplishments. *At least one reference needs to be a veterinarian familiar with your rescue work and on their company letterhead.*

Please describe your policies and procedures: _____

Do you have an Adoption Application and pre-adoption screening procedure? Yes No

If yes, please attach a copy of the application.

Do you have an Adoption Contract and follow-up procedure? Yes No

If yes, please attach a copy of the contract.

Do you provide educational and health materials emphasizing the positive and negative traits of the Labrador Breed?
 Yes No

Do you or a qualified individual do a temperament evaluation of the Labrador Retriever prior to considering it adoptable? Yes No

Where do you or your organization maintain your adoptable Labrador Retrievers? (*i.e. your own premises, foster homes, boarding kennels, shelter, etc.*) _____

Does the adoptable Labrador Retriever receive pre-adoption veterinary care including but not limited to spay/neuter, heartworm check, fecal check, and current vaccinations? Yes No

If the adoptable Labrador Retriever is a puppy, do you have a spay/neuter clause in your Adoption Contract and follow up to insure that this Labrador Retriever is altered? Yes No

Do you have a return or take back clause in your Adoption Contract? Yes No

Are you or your organization willing to permit to share health information on the Labrador Retriever you evaluate or deem adoptable? Yes No

Do you or your organization have an Internet web site to list adoptable Labrador Retrievers and provide public education? Yes No
If yes, please provide URL: _____

Do you or your organization have any objection to being listed as a Labrador Retriever Rescue on the LLL web site?
 Yes No

Do you, the undersigned, understand that any misrepresentation of yourself, or your organization, or any untruths in the information which you have provided herein that are discovered at a later date will invalidate this application and exclude you or your organization from funding by Labrador Life Line? Yes No

Signature of Representative: _____

Date: _____

Please return the following to Labrador Life Line either by fax to (206) 289-5905 or mail this application to:

Labrador Life Line

USA

- ‡ Completed Application
- ‡ Two (2) references with at least one (1) from a veterinarian (on letterhead)
- ‡ Copy of an adoption agreement