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? ☐ YES ☐ NO
# of Volunteer Veterinarians (DVM)		Do you obtain proof of insurance? ☐ YES ☐ NO
# of Board Members		Are Board members elected? ☐ YES ☐ 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:

1. 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 al 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

2. 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

3. 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

REMARKS: Please provides details for all 'NO' responses and where requested previously.

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***ADD AN ADDITIONAL PAGE IF NECESSARY.**

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Name & Title: _____ Date: _____

Applicant's Signature: _____

Applicant's Name & Title: _____ Date: _____

Applicant's Signature: _____

Applicant's Name & Title: _____ Date: _____

Applicant's Signature: _____

Producer's Name & License #: _____ Date: _____

Producer's Signature: _____