

THIRD CHANCE APPLICATION

DRGANIZATION NA	ME		COORDINATOR NAME	
SHELTER ADDRESS			PHONE*	
CITY	STATE	ZIP	EMAIL*	
ABOUT YOUR SHELT	ER			
ESTIMATED NUMBER OF ANNUAL INTAKE OF:		ESTIMATE	ESTIMATED ANNUAL LIVE RELEASE RATE OF:	
DOGS	FOR WHICH YEAR?	DOGS	FOR WHICH YEAR?	
	FOR WHICH YEAR?		FOR WHICH YEAR?	
UESTION	NAIRE			
DUESTION	NAIRE			
QUESTION YES NO	Do you perform temperamen adoption?	nt testing or behavior a	ssessments before making animals available fo	
	Do you perform temperame	nt testing or behavior a	ssessments before making animals available fo	
	Do you perform temperament adoption? NOTES: Are dogs tested for dog-dog			
YES NO	Do you perform temperamen adoption? NOTES:			
YES NO	Do you perform temperament adoption? NOTES: Are dogs tested for dog-dog	reactivity or aggression		
YES NO	Do you perform temperament adoption? NOTES: Are dogs tested for dog-dog NOTES:	reactivity or aggression		
YES NO	Do you perform temperament adoption? NOTES: Are dogs tested for dog-dog NOTES: Are cats tested for cat-cat ago	reactivity or aggression gression?		

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QUESTIONNAIRE (con	tinued)			
YES NO	Can the IACC place interest holds on animals?			
YES NO	IF YES: If, upon arrival, that animal is sick or has behavioral concerns, will the IACC be required to follow through with the transfer?			
YES NO	Will you share any behavioral notes or concerns communicated to you either by staff or a previous owner?			
YES NO	Will the Animal Care Specialist be allowed to interact with the dogs/cats outside of their kennel?			
YES NO	Will the Animal Care Specialist be allowed to look at the dog's teeth, ears and skin?			
YES NO	Will the Animal Care Specialist be allowed to walk a dog through the kennels to observe reactivity levels of other dogs?			
	SUBJECT TO APPROVAL BY IRVINE ANIMAL CARE CENTER. IRVINE ANIMAL CARE RESERVES THE WITHOUT EXPLANATION OR CAUSE.			
REPRESENTATIVE NA	ME			
TITLE				
SIGNATURE	DATE			
FOR OFFICE USE ONL	-			
DATE RECEIVED:	REVIEWED BY:			
SHELTER:	APPROVED: YES NO REASON:			
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