Operations and General Animal Care Application

☐ ANIMAL HOUSING AND CONTAINMENT (H)

☒ What types of predators (or nuisance animal) present a risk to the animals at your sanctuary/rescue? (Check all that apply)
☐ Canines (Coyotes, Wolves, Dogs)
☐ Large Wild Cats (Bobcats, Mountain Lions, etc.)
☐ Bears, Racoons, Skunk
☐ Venomous Snakes
☐ Wild birds (hawks, falcons, owls, etc.)
☐ Other, please list __________________________

☒ How is predator (aerial and ground) access prevented? (check all that apply)
☐ Tarp, wire mesh or solid roof
☐ Wire mesh floor
☐ Cement or other solid barrier extending below surface
☐ Wire mesh/hardware cloth extending below surface
☐ Other, please list __________________________

☒ For animal enclosures, do you use any of the following security measures to protect people and animals? (check all that apply)
☐ Double door entry to enclosures
☐ Transfer doors
☐ Designated personnel-only access to locked enclosures
☐ Safe zones/protective barriers near enclosures
☐ Other, please list __________________________

☐ Have you identified any toxic or harmful vegetation on the facility grounds?
☐ Yes
☐ No

☒ If yes, what is the policy for removal?
____________________________________________________________
____________________________________________________________
____________________________________________________________

☐ SANITATION (H)

☒ How are feed buckets, feeders, bowls, and water containers cleaned and disinfected?
____________________________________________________________
____________________________________________________________
____________________________________________________________

☒ How often are feeding and water containers cleaned?
____________________________________________________________
____________________________________________________________

☒ How are tools, implements, and food storage containers cleaned?
Explain briefly how animal waste is managed (including indoor enclosures and outdoor spaces).

Where are cleaning supplies stored?

Are all cleaning supplies and food storage containers labeled?

☐ Yes
☐ No

TEMPERATURE, VENTILATION, AND LIGHTING (H)

What type of lighting/electrical power is available in outdoor spaces in the event of emergencies?

What type of lighting/electrical power is available in indoor spaces in the event of emergencies?

ANIMAL TRANSPORT

Do you provide copies of medical and other appropriate records for animals transferred to other facilities?

☐ Yes
☐ No

Do all appropriate records accompany transported animals?

☐ Yes
☐ No

NUTRITION REQUIREMENTS (N)

To which of the following sources of water do the animals have access? (check all that apply)
- Automatic waterer
- Trough/Stock tank
- Bucket
- Pond
- River/creek/stream/spring
- Bowls and cups
- Other, please specify: __________________________

☑ Is water: (check all that apply)
- Fresh and clean
- Free of ice in cold weather
- Shaded in warm climates
- Positioned to minimize spoilage
- Automatic devices checked daily to ensure water is available
- Inspected and cleaned daily

☐ Are multiple sources of water available for animals housed in groups?
- Yes
- No

☑ Who is responsible for determining feeding protocols?
- Veterinarian
- Executive Director
- Animal Care Manager
- Other, please specify __________________________

☐ Are dietary protocols posted and/or made available to personnel responsible for feeding?
- Yes
- No

☐ Are special diets offered, where appropriate? (e.g., diabetic animal, overweight animal, senior animal)
- Yes
- No

☑ How do you store bags of pelleted or dried food? (if applicable)
- In their bags
- In cans/containers
- In bulk grain bins
- Other, please list __________________________

☐ How do you store unopened bags of pelleted or dried food? (if applicable)

____________________________________________________________
____________________________________________________________
____________________________________________________________

☐ Where do you store meat? (if applicable)

____________________________________________________________
____________________________________________________________
____________________________________________________________

☐ Where do you store produce? (if applicable)

____________________________________________________________
____________________________________________________________
____________________________________________________________

☑ Is food stored: (check all that apply)
Dry and clean
Refrigerated as needed
Separate from medications
Separate from human food
Dated, with any expired being discarded

What are your sources of water including back-up? (check all that apply)

- Municipal water company
- Well-electric pump
- Well-manual pump (back-up) Spring
- Pond/lake
- River/ stream/ creek
- Water truck
- Rain catchment
- Other __________________________

If your water is not municipal, how often is your water tested?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

When was the last time potable water was tested for contaminants? What were the results?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

VETERINARY CARE (V)

What is the full name of your primary veterinarian?

_____________________

Is the veterinarian a member of your staff?

- Yes
- No

If you answered yes above, are they part-time or full-time?

_____________________

Is your veterinarian available after hours?

- Yes
- No

If you answered no, what is the back-up for emergencies?

_____________________

Do you have a veterinary hospital on-site?

- Yes
- No

If your veterinarian is not on-site, how often do they come to the facility?

_____________________
How far is the nearest veterinary hospital?

If you do not have a veterinarian on staff full-time, what is the protocol to decide whether to have your veterinarian come to the rescue/sanctuary (or transport the animal to the clinic)?

To whom and how do staff or volunteers communicate medical concerns about your animals?

Who developed your preventative/routine veterinary medicine program?

- Veterinarian
- Executive Director
- Animal Care Manager
- Other, please list __________________________

Describe your quarantine protocol and procedures, or submit a written protocol/document as a part of your preventative medicine protocol. (Please note in the box below if you are submitting a document.)

Do you have a separate area for new arrivals?

- Yes
- No

If you answered yes above, does it have both indoor and outdoor areas? If you answered no, is your quarantine done prior to arrival?

Do you have a separate area for sick or injured arrivals (separate from new arrival quarantine)?

- Yes
- No

How is the veterinarian involved with the intake of new animals?

Where are medical procedures performed at the facility?

What kind of medical facilities are located on the premises?

- None
- Indoor or outdoor space designed to facilitate minor medical treatment
- Full animal treatment area (Hospital)
How do you decide whether to proceed with a recommended medical/surgical treatment for any particular animal?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Please list who on the staff is trained to serve in the case of emergency medical needs in the absence of a veterinarian? What type of training do they have?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are there any people other than the veterinarian who performs surgical procedures?
- Yes
- No

If you answered yes above, under what circumstances.

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How are animals monitored on an ongoing basis or in the event of surgery, treatment, procedure, etc?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What diagnostic services are available on or off-site?
- On/off-site cytology
- Microbiology
- Parasitology
- Radiology
- CBC
- Urinalysis
- Other, please list __________________________

Where are treatment supplies and pharmaceuticals stored?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Do you maintain medications according to law?
- Yes
- No

How often do you check expiration dates?
______________________

Do you use expired drugs?
- Yes
- No

If you answered yes above, how do determine if the drugs are safe?

_____________________________________________________________
_____________________________________________________________
Are any controlled substances kept on the premises in accordance with any applicable laws?

- Yes
- No

If you answered yes above, describe how they are secured to meet the legal requirements (e.g. DEA lock up in the U.S.).

________________________________________________________________________

________________________________________________________________________

Briefly describe how you record the use of controlled substances. (if applicable)

________________________________________________________________________

________________________________________________________________________

How are controlled substances disposed of? (if applicable)

________________________________________________________________________

________________________________________________________________________

If a refrigerator is used to store pharmaceuticals (meds, vaccines, de-wormer), are food items or beverages stored in the same refrigerator?

- Yes
- No
- Not applicable

Under what circumstances do you have a necropsy performed on deceased animals? (check all that apply)

- All deaths
- Unknown cause of death
- Suspected infectious/contagious disease
- Not conducted

Are necropsies performed on-site?

- Yes
- No

Where do you store deceased animals prior to necropsy/disposal?

- Dedicated freezer/refrigerator
- Shared freezer/refrigerator
- Not stored

How are deceased animals disposed of? (check all that apply)

- Burial
- Incineration
- Third-party disposal service
- Other, please list: __________________________

GENERAL STAFFING (S1-S3)

Does the organization have any of the following positions?
How many are in each position?

Executive Director

Development Director (fundraising)

Animal care Manager

Caregivers

Volunteer Manager

Trainer

Veterinarian

Veterinary Technician

Administrative

Other

Have job descriptions been written for any of the following positions (paid or unpaid)?

Executive Director

Development Director (fundraising)

Animal care Manager

Caregivers

Volunteer Manager

Trainer

Veterinarian

Veterinary Technician

Administrative

Other

Does anyone live on the property?

Yes

No

If yes - Who lives on the property?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If no - how is the safety and security of the animals ensured (e.g., have night staff, security guards, cameras)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is the Executive Director available to the rescue/sanctuary on a full-time basis (40 hours weekly)?
When the Executive Director is not available, who is the back-up person responsible for the organization?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Is a Standard Operating Procedures (SOP) manual (or other written format in electronic or hard copy) available to personnel at all times?

☐ Yes
☐ No

Is there a probationary period for new staff?

☐ Yes
☐ No

If yes - how long?

_____________________________________________________________

Describe how volunteers are trained and supervised, if applicable.

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Describe any continuing education that is provided to employees and/or volunteers.

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

SAFETY POLICIES, PROTOCOLS AND TRAINING (S4-S9)

If you have dangerous animals, are personnel always accompanied by at least one other trained individual when working with or near animals?

☐ Yes
☐ No
☐ Not applicable

How are personnel trained to recognize and respond appropriately to threat displays and other animal behaviors that could signal an impending attack?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Describe how staff is trained in use of personal protective equipment (PPE).

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What form of communication devices does the facility use to communicate among personnel? (check all that apply)

☐ Two-way radios
Cell phones  
Intercoms  
Other __________________________

Which types of natural disasters pose a risk for your facility? (check all that apply)

- Hurricane
- Tornado
- Blizzard
- Drought
- Flood
- Earthquake
- Tsunami
- Wildfire
- Fire Volcano
- Dust storm
- Excessive heat
- Other - please list: __________________________

How often do you conduct drills to practice disaster preparedness procedures?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

When was the last drill to practice disaster preparedness procedures conducted?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What type of information do you record regarding disaster drills? (check all that apply)

- Date
- Participants
- Timing
- Type of drill
- Feedback
- Other __________________________

Have you coordinated your emergency plans with your local emergency services agencies?

- Yes
- No

Do you have emergency numbers posted where personnel, volunteers or visitors can easily see?

- Yes
- No

If yes - where?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Have any animals escaped from their enclosures in the past two (2) years?

- Yes
- No

Have any animals escaped from the rescue/sanctuary property in the past two (2) years?

- Yes
- No
How often do you conduct drills to practice animal escape procedures?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

When was the last drill to practice animal escape procedures conducted?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What type of information do you record regarding escape drills? (check all that apply)
□ Date
□ Participants
□ Timing
□ Type of drill
□ Feedback
□ Other __________________________

Have you ever had a fire on the premises?
□ Yes
□ No

If yes - what was the cause?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are firearms kept on the property?
□ Yes
□ No

If you answered yes, for what purpose, and where and how are they stored?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Firearms - which personnel are qualified to use them?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Firearms - Are all people licensed and qualified to use the firearm up to date on training?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How are personnel trained in human first aid?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Do you have first aid station(s) for humans available?
□ Yes
□ No
If yes - where are they?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

How are personnel made aware of the potential risk of zoonotic diseases at your facility?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Are personnel informed when a zoonotic disease occurs at the facility?
☐ Yes
☐ No

PHYSICAL FACILITIES (PF1- PF 8)

Have you ever been found in violation of any workplace health and safety (OSHA or equivalent) requirements?
☐ Yes
☐ No
If yes - please explain:
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Have you ever been found in violation of any animal care or safety requirements (such as USDA violations in the U.S.)?
☐ Yes
☐ No
If yes - please explain:
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

What are your sources of electricity including back-up? (check all that apply)
☐ Municipal electric company
☐ Alternative energy source (solar, wind, watermill, etc.)
☐ Generator
☐ Other __________________________
If you have a generator as back-up, what proportion of the facility does it power?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

What hazardous or toxic materials do you use other than standard cleaning supplies (i.e., pesticides, herbicides, fuel, veterinary drugs, fly spray, other)?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
Do you have Safety Data Sheets (SDS) (or equivalent, if available) readily available for staff or volunteers for all cleaning products or other chemicals that are in use?

☐ Yes  ☐ No

How do you remove or dispose of hazardous or toxic materials?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What precautions (training, specialized protective clothing, equipment, etc) do you take when handling and disposing of hazardous materials?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe how your disposal methods are designed to minimize pest infestation.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What is your insect and rodent control program?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe existing drainage in animal enclosure areas, footpaths and driveways when inundated with water (rain, snow melt, hose overflow/pipe breakage)?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Which of the following signs do you have posted on your property (when appropriate)? (check all that apply)

☐ Dangerous animal  ☐ Quarantine  ☐ Liability signage  ☐ Staff only Exit  ☐ Visitors/Volunteers sign in  ☐ Fire Extinguisher  ☐ Emergency phone numbers (Executive Director, Vet, Fire, Police, Animal Poison Control, etc.)  ☐ Electric fence  ☐ Private Property  ☐ No Trespassing  ☐ Contact information for organization  ☐ Other - please list: __________________________

Which of the following security precautions do you utilize to protect the facility, property, equipment, people and animals? (check all that apply)

☐ Perimeter fence  ☐ Property gate  ☐ Property gate with electronic security  ☐ 24 hour surveillance cameras  ☐ Surveillance cameras monitored by security company or personnel  ☐ Administration, staff or volunteers live on property  ☐ Security guards patrol property
☐ Trespassing/Private property signs posted
☐ Dog or other animals that alert to intruders
☐ Wall
☐ Other __________________________

☐ Do you have fire detection system(s) for indoor enclosures where animals are housed?
☐ None
☐ Smoke alarm (self-installed kind)
☐ Smoke detection and alarm (professional installation)
☐ Heat detection and alarm (professional installation)
☐ Other, please list __________________________

☐ What type of fire suppression systems do you have/use? (check all that apply)
☐ Fire extinguishers
☐ Automatic sprinkler systems
☐ Fire hydrant with accessible fire hose
☐ Pond pump system with accessible fire hose
☐ Fire truck-organization owned and kept on premises
☐ Other, please list: __________________________

☐ How is animal access to electrical and heating systems prevented?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

☐ Where do you store your hay or bedding if applicable? (check all that apply)
☐ Outside uncovered
☐ Outside tarped
☐ In hay barn or covered free-standing structure In loft of structure that houses animals or people
☐ In loft of structure that does not house animals or people In covered arena Other
☐ In covered arena
☐ Not Applicable
☐ Other, please list __________________________

☐ What systems do you have in place for early warning of severe temperature extremes and hazardous weather patterns? (check all that apply)
☐ Weather radio/station
☐ Alarms
☐ Internet
☐ Local announcements
☐ Other __________________________

☐ What is your primary record keeping method(s)?
☐ Paper records
☐ Electronic records
☐ Other __________________________

☐ What records do you keep?
☐ Veterinary
☐ Husbandry
☐ Behavior/Training
☐ Permit/Licenses
☐ Acquisition/ intake
☐ Disposition/ adoption/ euthanasia/death/transfer
☐ Transport
What method(s) of document back-up and protection do you use? (check all that apply)

- Paper records are scanned electronically and stored on computer
- Paper records are copied and the second copy is kept off the premises
- Essential paper records (nonprofit status determination letter, etc.) are kept in a fire proof box
- Electronic records are backed up using a “cloud” type service such as Carbonite
- Electronic records are backed up on an external hard drive
- Electronic records are backed up on a flash drive
- Other __________________________

GOVERNING AUTHORITY (G1-G7)

Is the property held in the name of the sanctuary or governing organization?

- Yes
- No

If not, is there a lease or other comparable document, in place?

- Yes
- No

In the event of the termination of the lease, how much notice must be given to allow the organization to relocate?

____________________________________________________________
____________________________________________________________
____________________________________________________________

Do the activities of the organization align with that permissible by law for your location (e.g., zoning)?

- Yes
- No

What is the organization's succession plan to ensure sustainability beyond the tenure of the founder or for the unexpected loss of the founder (short term, long term or permanent)? If applying for Verification, very briefly describe your succession plan; for Accreditation, provide the written document.

____________________________________________________________
____________________________________________________________
____________________________________________________________

If applying for Verification, briefly describe what you envision for the organization over the next three years.

____________________________________________________________
____________________________________________________________
____________________________________________________________

FINANCIAL RECORDS AND STABILITY (F1-F4)

Does your organization prepare an annual written budget reflecting estimated future expenses and revenue?

- Yes
- No

What national tax forms do you file?
For which tax year did you last file?

Do you have funds available to cover at least three months (one month for verification) of basic operating costs?
- Yes
- No

If yes - how much do you have?

Please describe your strategy for growing and maintaining a financial reserve.

Are your legally required financial filings kept with other sanctuary documents and available for public review, as required by law?
- Yes
- No

If no, please explain:

If yes, where can the public access them? (check all that apply)
- Link on website
- Third-party website
- By request only
- Other __________________________

Is the organization funded through any loans?
- Yes
- No

If yes - are loan documents signed and maintained?
- Yes
- No

Does your organization maintain a bank account in its name that is separate from personal accounts?
- Yes
- No

What system do you have in place to ensure that all contributions received are documented and deposited?

Do you provide receipts to donors in accordance with applicable laws and regulations?
- Yes
- No

Do any of your fundraising activities involve the use of sanctuary animals (other than tours or use of photos/videos)?
☐ Yes
☐ No
☐ If yes - how are they incorporated?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

☐ How do you track restricted funds that are expended in accordance with donors' intentions?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

☐ How do you make volunteers and visitors aware of risks of being on sanctuary property? (check all that apply)
☐ Signage at entrances
☐ Language in sign-in book for visitors
☐ Signed waiver/release form
☐ Other (explain) __________________________

☐ EDUCATION, PUBLIC ACCESS, AND ADVOCACY (E1-E2)

☐ Do you have an education and outreach program?
☐ Yes
☐ No
☐ If yes, describe your program:

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

☐ How often is your education and outreach program evaluated for effectiveness?

______________________

☐ Please describe how animals are chosen and used in the education and outreach program.

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

☐ Do you take animals off site for educational purposes?
☐ Yes
☐ No

☐ Do you have public tours of your facility?
☐ Yes
☐ No

☐ If yes - are visitors escorted?
☐ Yes
☐ No

☐ If you offer tours, do animals have a way to escape public view?
Are animals that are easily stressed excluded from tours?

☐ Yes  ☐ No

Are members of the public (not including trained volunteers, interns) allowed to feed sanctuary animals?

☐ Yes  ☐ No

If so, how do they feed them?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

ACQUISITION, DISPOSITION, AND RESEARCH (ADR1-ADR3)

If applying for Verification OR DO NOT HAVE A WRITTEN POLICY, please describe your acquisition policy.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list the types of documentation you have that demonstrates legal possession of animals in your care.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If applying for Verification OR DO NOT HAVE A WRITTEN POLICY, please describe your disposition policy.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Do you have an adoption program?

☐ Yes  ☐ No

Do you have a foster program?

☐ Yes  ☐ No

Describe any policy you have regarding conducting research on sanctuary animals.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

HUMAN RESOURCES (HR 1)
Do you have an employee manual that is accessible to staff at all times?

☐ Yes
☐ No

If yes - where is it maintained?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

When was your employee manual last reviewed and updated?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do employees have to sign that they have received a copy of an employee manual and understand its contents?

☐ Yes
☐ No

Do you have a volunteer and/or intern manual that is accessible to personnel at all times?

☐ Yes
☐ No

If yes - where is it maintained?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

When was your volunteer and/or intern manual last reviewed and updated?
______________________

Do volunteers and/or interns have to sign that they have received a copy of the manual and understand its contents?

☐ Yes
☐ No