

AGREEMENT BETWEEN NONPROFIT ANIMAL RESCUE PARTNER AND LENOIR COUNTY SPCA

Animal ID #:	Name:	Species:
Breed:	Gender:	Age:
Altered:	Colors:	Weight:
Microchip#:	Rescue name:	
The Lenoir SPCA and this rescue partner is an at-will business relationship that may be terminated at any time with or without cause. At this time, my rescue has entered into a partnership agreement as listed below.		
The Rescue Partner agrees that a board members will refrain from putenoir County SPCA or its employ internet sites.	ublicly making or posting negative	comments or criticism about the
This rescue partner agrees to pay upon receipt of animals as pre agreed upon services such as any pre-vet cost, including but not limited to, worming, vaccinations or other treatment cost incurred by the Lenoir County SPCA and accept full ownership of animals that our organization may pull from the Lenoir County SPCA. This rescue partner agrees to release the SPCA from any responsibility for maintenance or actions of the animal. The SPCA will provide a service bill for each animal.		
It is the responsibility of the individual organization or rescue partner accepting the animal from the Lenoir County SPCA to ensure the animal receives a rabies vaccination and be altered by a licensed veterinarian. If such services have not already been provided, Lenoir County SPCA may ask for proof that these services have been provided.		
This rescue partner agrees to provide shelter, medical treatment, transportation, care and other services to all rescued dogs and cats at any time during which the rescue is open or deems proper for the provision of effective and efficient services. This rescue partner will maintain all care of this animal until the animal can be adopted to a permanent home.		
This rescue partner will comply and operate in a manner in accordance with all applicable federal, state, County and local laws, ordinances, codes and regulations. The veterinary and other technical services provided to animals in custody of the RESCUE shall comply with all professional standards of the North Carolina Board of Veterinary Medicine and shall be dispensed in compliance with all applicable federal, state and local laws, ordinances and regulations. This Rescue Partner will also keep a 501C3 in good standings with the State of North Carolina.		
Rescue partner representative name:		
Signature:	Date:	
SPCA Staff Signature:		