



MADACC Animal Placement Program
Partner Application
 Milwaukee Area Domestic Animal Control Commission
 3839 W. Burnham St.
 West Milwaukee, WI 53215



The goal of MADACC's Animal Placement Program (MAPP) is to maximize and expedite the transfer of adoptable and potentially adoptable animals to shelters and breed placement groups.

Organization Information

Organization Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Telephone: _____ Fax: _____
 Additional Business Locations: _____

 Email Address: _____ Website Address: _____

Type of Organization

List species, specific breed and/or mixed breeds that are accepted: _____

Number of: Years in operation _____ Staff members _____ Volunteers _____

Geographic area covered: _____

Facility Information

Type of Housing Offered: (check all that apply)		Type of Services Offered: (check all that apply)	
<input type="checkbox"/> Foster Homes	<input type="checkbox"/> Boarding at vet clinic	<input type="checkbox"/> Breeder	<input type="checkbox"/> Referral
<input type="checkbox"/> Indoor Kennels	<input type="checkbox"/> Kennel/Cattery	<input type="checkbox"/> Rescue	<input type="checkbox"/> Transport
<input type="checkbox"/> Outdoor Kennels	<input type="checkbox"/> Other _____	<input type="checkbox"/> Foster	<input type="checkbox"/> Other _____

Does your organization have an animal age requirement and/or limitation? Yes _____ No _____

If yes, please specify age requirement/limit: _____

List capacity for: Dogs _____ Cats _____ Other _____

Are there circumstances under which you would deem an animal to be non-placeable with the general public?

Yes No If yes, is euthanasia an option at your organization? Yes No

Do you spay/neuter all animals before releasing to a new adoptive home? If not, what animals do you release unsterilized and what are your follow-up protocols to ensure sterilization?

What is your adoption fee and what services do you provide for that fee? _____

Contact Information *(Please complete for each person acting on behalf of the organization/agency. If more than four, please provide additional names on a separate sheet of paper.)*

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Driver's License #: _____

Driver's License #: _____

Date of Birth: _____

Date of Birth: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Driver's License #: _____

Driver's License #: _____

Date of Birth: _____

Date of Birth: _____

Animal Shelter References

(Please provide the name(s) of other shelters/agencies that also place animals in your care. If more than four, please provide additional names on a separate sheet of paper.)

Name: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____

Name: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____

Name: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____

Name: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____

Please attach a copy of the following documents:

- 1) Organization's Mission Statement and Program Policies
- 2) Organization's Adoption Contract
- 3) Veterinary References

I ATTEST THAT INFORMATION IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Authorized Signature

Date

Printed Name

Title

