

Rescue Partner Application -Terms & Conditions

Our Shared Goal

Lee County Domestic Animal Services (LCDAS) and our Rescue Partners work **together as a team** to save lives. Rescue partners are a vital extension of the shelter, and cooperation, professionalism, and mutual respect are essential to helping animals successfully leave the shelter and thrive.

Partner Eligibility & Requirements

- Must be an approved **501(c)(3) rescue organization**
- Application and supporting documents must be current and renewed annually
- Rescue partners must be in good standing with their local Animal Services and regulatory agencies
- Any rescue with a representative listed in a state or county animal cruelty database will not be approved or will be terminated from the rescue partner program.
- All animals must receive appropriate food, shelter, veterinary care, and humane treatment
- Breeding of any animal obtained from LCDAS is strictly prohibited
- Must read and understand the Rescue Partner Handbook

Animal Placement & Care

- Animals may only be pulled after full application approval
- LCDAS determines which animals are available for rescue
- Partners assume ownership and responsibility once the animal leaves the shelter
- Partners must comply with sterilization, vaccination, and Florida law requirements
- LCDAS does not guarantee the medical or behavioral condition of animals
- The shelter reserves the right to inspect facilities and reclaim animals if care standards are not met

Working Together

- Rescue partners are expected to **work collaboratively and professionally** with LCDAS staff and volunteers
- Respect for shelter protocols, staff decisions, and operational limitations
- Open communication and teamwork are critical to saving as many animals as possible

Social Media Policy – *No Bash, No Trash*

Approved rescue partners are considered an **extension of LCDAS** and are expected to support the shelter's mission both publicly and privately.

- **No bashing, trashing, or negative posting** about LCDAS, its staff, policies, or decisions
- No posting false, misleading, inflammatory, or controversial content related to the shelter
- Partners may not independently represent LCDAS on social media unless explicitly approved
- Concerns or disagreements must be addressed **directly with shelter staff**, not online
- Public posts should focus on collaboration, lifesaving, and positive outcomes

Failure to follow the social media policy may result in suspension or termination of the rescue partnership.

Termination

- LCDAS may suspend or terminate a partnership at their discretion
- Reinstatement is not guaranteed and depends on correction of any issues identified



Lee County Domestic Animal Services
5600 Banner Drive • Fort Myers, FL 33912 • 239-533-7387
<https://www.leegov.com/animalservices>

Pet Placement Partner Application

Organization Information			
Organization Name			
Facility Address	City	State	Zip
Primary Contact			
Home Phone	Mobile Phone		
Email			
Secondary Contact			
Home Phone	Mobile Phone		
Email			
Website			
Clinic/Veterinarian Information			
Clinic/Veterinarian Name			
Address	City	State	Zip
Phone	Mobile Phone		
Please indicate the healthcare your organization provides to rescued/fostered animals: <i>(check all that apply)</i>			
<input type="checkbox"/> Veterinary exam <input type="checkbox"/> Treatment for skin conditions <input type="checkbox"/> Behavioral screening & training <input type="checkbox"/> Spaying & neutering <input type="checkbox"/> Standard vaccinations <input type="checkbox"/> Dental cleaning/treatments <input type="checkbox"/> Heartworm testing/preventive <input type="checkbox"/> Heartworm treatment <input type="checkbox"/> Special diets <input type="checkbox"/> Feline leukemia/FIV testing <input type="checkbox"/> Parasite control <input type="checkbox"/> Surgeries			
Persons Authorized to Pick-Up and Transport Animals on Behalf of the Organization			
1) Name			
2) Name			
3) Name			
4) Name			

I certify that I have answered and read the above questions truthfully on behalf of the organization listed above. I certify that I have read and understand the Rescue Handbook. I authorize Lee County to contact any person/entity listed in this application or its attachments for reference and verification purposes. I understand that approval of the application of an organization to serve as a rescue partner with Lee County is at the sole discretion of Lee County. I have had an opportunity to review this agreement and knowingly and voluntarily agree to be bound by the terms and conditions. I hereby represent and warrant that I am duly authorized to execute this agreement on behalf of the organization and do so with full legal authority.

Signature/Title OFFICE USE ONLY Application Reviewer:

Date:

LCDAS Rescue Coordinator Signature Application: ☐ Approved ☐ Declined

Date:
