



GOOD SAMARITAN PROGRAM

This program is designed for people who find pets that do not belong to them.

If you have a personal pet that needs to be re homed, please visit our [Re-Home-A-Pet Program](#).

Criteria: Pet must be adoptable. You must submit application. Once application is received and accepted, you will need to provide pictures. We ask for a \$ 50 donation to off-set veterinarian costs.

SERVICES WE PROVIDE: 1. We pay for medical expenses. This includes shots, spay/neuter, other medical. 2. We list pet on [petfinder.com](#), a national website that reaches millions of people looking for pets. If you have a digital camera, please take photo's of the pet and submit with application. If no digital camera, submit photo's with application. 3. Pets attend PetsMart adoption fairs 4. We coordinate and supervise the entire adoption process.

DUE TO THE SHORTAGE OF FOSTER HOMES, WE ALSO ASK THAT YOU FOSTER THE PET(S) UNTIL ADOPTED. HOWEVER, IF FOSTER HOMES ARE AVAILABLE, WE WILL LET YOU KNOW. IF WE DO NOT HAVE FOSTER HOMES AVAILABLE, WE CANNOT ACCEPT THIS PET INTO OUR PROGRAM UNLESS YOU AGREE TO FOSTER.

If you cannot foster this pet and are considering taking it to Iredell County Animal Control, please be aware that:

- All animals taken to the Iredell County Animal Control Shelter need to have a rabies shot (usually less than \$15 at a veterinarian—call a veterinarian & ask if you can have this done without an office visit) and kept for 3 weeks prior to taking to the shelter or animal will be **EUTHANIZED** immediately. This also applies to kittens and puppies. Most kittens and puppies have to be 12 weeks old before a rabies shot will be administered. You still have to keep for an additional 3 weeks after shot is administered before taking to Iredell County Animal Control Shelter or animal will be euthanized.
- Rabies vaccines are no guarantee for adoption at the shelter. The shelter only holds pets that are deemed adoptable for a short time before euthanizing.

Before submitting an application, please make sure that all steps have been followed to find the owner of the pet. Please follow all guidelines in the attached Good Samaritan Forms.

[Please complete the form and application attached.](#)



Good Samaritan Program

(Form 1 of 2)

ICHS
PO Box 1617 Statesville, NC 28687
Phone: 704-871-2594
info@iredellhumane.org
www.iredellhumane.org

PURPOSE: To assist people with rehoming stray pets.

CRITERIA: In order to be considered for program, you must check all of the terms, sign, and mail, e-mail, or fax completed forms back to the Humane Society. However, completion of this application does not guarantee acceptance into the program. PLEASE CHECK EACH BOX:

- Pet must be a stray. You must make an honest effort to locate owner by placing an ad in the local paper and posting signs around the area of where the pet was found. If the owner has not been found within a week, we will consider the pet for our program. Enclosed is a copy of the FOUND ad.
- Animal must be “adoptable” with a good temperament.
- You must be willing to foster the pet until such time as we can locate an appropriate forever home. Please understand we cannot guarantee the time it will take to place this pet. If vacation is scheduled, you must find a suitable caretaker while you are away. If boarding, you must do this at your expense. Once pet is in our program, taking it to the Iredell County Animal Control Shelter is NOT an option!
- A minimum donation of \$50 is requested to help offset initial veterinary costs, or you can arrange veterinary care yourself as long as you provide a copy of veterinary records to us. We cannot accept shots that you purchase and give at home as we need veterinary records on pets for adoptions.
- You must be willing to provide transportation to vet appointments for vaccines and Spay/Neuter. If pet is too young for spay/neuter, certificate will be issued to adopter.
- You must provide adequate care and housing, and are responsible for costs such as bedding, leashes, collars, food, treats etc. We can loan a dog crate, if needed, to crate train.
- You must be willing to bring pet to adoption events.
- All medical expenses incurred will be paid for by the ICHS, and we reserve the right to decide on what we will spend on this pet(s).
- Pets cannot be given away once contract has been signed and approval made to enter our program. All applicants must go through our adoption program. Please initial on the line to indicate that this is understood. _____.
- If you decide after fostering that you want to adopt this pet, you may do so. However, you will have to pay the adoption fee or reimburse the ICHS for all medical expenses incurred.
- Completion of this application does not mean acceptance into the program. Due to the number of inquiries, we have to screen applications based on adoptability, financial resources of the ICHS, and available volunteers. You will receive a phone call, e-mail, or postcard saying that we received your application. We will also notify you once your application is accepted. Once accepted, this contract is legally binding. If accepted, you will be required to submit photo's before the pet will be brought in under the ICHS umbrella.

If you cannot agree to the above terms and are considering taking the pet to the shelter you should know:

- All animals taken to the Iredell County Animal Control Shelter need to have a rabies shot (usually less than \$10 at a veterinarian) and kept for 3 weeks prior to taking to the shelter or will be EUTHANIZED immediately. This also applies to kittens and puppies. Most kittens and puppies have to be 12 weeks old before a rabies shot will be administered. You still have to keep for an additional 3 weeks after shot is administered before taking to Iredell County Animal Control Shelter or animal will be euthanized.
- Rabies vaccines are no guarantee for adoption at the shelter. The shelter only holds pets that are deemed adoptable for a short time before euthanizing.

I understand and agree to all the above:

Signature

Date

BREAK THE CYCLE OF PET OVERPOPULATION...*Spay and neuter your pet today!*



IREDELL COUNTY HUMANE SOCIETY

Good Samaritan Program Application

(Form 2 of 2)

<p>For Office Use Only: Date Received: _____ Postcard/E-mail/Phoned: Yes _____ No _____</p>

Pet's Name	Breed (s)	Color (s) Check all that apply	Sex	Age (approx.)	Weight (approx.)	Temperament/ Personality
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Tan <input type="checkbox"/> White <input type="checkbox"/> stripes <input type="checkbox"/> spots <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			

Are the above named pets good with:

Dogs: Yes No Unkown Some are good/others are not: Please list the names of the pets that are good with dogs _____

Cats: Yes No Unkown Some are good/others are not: Please list the names of the pets that are good with cats _____

Younger Children: Yes No Unkown Some are good/others are not: Please list the names of the pets that are good with children _____

How and when did you find this pet(s):

List any veterinary care this pet has had, along with the dates, and the name and phone number of the veterinary clinic used shots, worming, heartworm check, heartworm preventative, flea and tick preventative, spay or neuter, etc.): _____

Any other information you feel might be important about this pet: _____

Your name _____

Address _____ City _____ State NC Zip _____

Telephone(s) _____ e-mail address _____

I have hereby read and fully understand the Good Samaritan Program and would like this pet to be considered for the above program. By submitting this application, I am stating that I have read all the terms and conditions and am willing to become a foster parent for this pet until such time as a suitable home can be found. I have also enclosed photo's of this pet(s). The Iredell County Humane Society will not be held responsible for any damages or injuries caused by this foster pet.

Signature _____ Date _____

MAIL COMPLETED FORMS TO: IREDELL COUNTY HUMANE SOCIETY

Good Samaritan Dept., P.O. BOX 1617, STATESVILLE NC 28687

Phone: (704) 871-2594 E-Mail COMPLETED FORMS TO: info@iredellhumane.org or

FAX COMPLETED FORMS TO: 828-241-3598