

Oklahoma City Animal Welfare

Transfer Partner Application

Name of Non-Profit (as snow	/n on 501c3)	
Address		
City		
Please list the current head of organizatio	on's name, email and ph	one number.
Please list the names and contact informa animal records and documentation.	ation for representative	s of your organization that oversee yo
Please list everyone that is approved to se	elect and tag transfer ar	nimals for your organization.
What species, breeds, sizes, temperamen	ts, medical conditions, a	and types of animals do you take in?
Who provides your veterinary services (Pl	lease list names and pho	one numbers)?

What method of contact should OKCAWD provide to citizens interested in adopting or reclaiming animals
transferred to your organization? Please include a contact name and phone number or email. (This is not
optional as we are subject to open records request.)

Our organization wishes to participate in the Pet Placement Program of the City of Oklahoma City Animal Welfare Division. We agree to abide by the policies and procedures outlined in the Transfer Program Handbook, Transfer Form, and the Transfer Agreement (To be signed by a representative at time of transfer).

Authorized Representative	Print Name
	Title
	Signature
	•
	Date

^{*}Please return completed form to City of OKC Animal Welfare Division Pet Placement Program by mailing to 2811 SE 29th St., OKC, OK 73129 or emailing awtransfers@okc.gov if you are not completing it online. Please attach your 501c3 and articles of incorporation or by-laws for your application to be considered. This should include your spay/neuter process and adoption process plus all other documents relevant to your organization.