Application Form This is the first form in the application process and provides us with general information about your organization. Once you submit this form, our Program Managers will review your submission. They may contact you with follow up questions. If they have no additional question at this time, you will receive an email with instructions explaining how to submit the application fee. At any time, if you have any technical issues or questions, please email us at contact@sanctuaryfederation.org.

Mame of Preparer:

A Email of Preparer:

Mane Number of Preparer:

Full Legal Name of Organization:

E Are you currently Accredited or Verified? If you currently Accredited or Verified applying for renewal, please email contact@sanctuaryfederation.org (we will ask you to complete a different form).

1 Yes

Mebsite Address (if any):

33 Address Information

Address	
City	
State/Province	
Country	
Zip Code (or other Country code)	
Executive Director Information	
Name	
Daytime phone number (or Skype/WhatsAp North America)	p if outside
Email	
Board of Directors/Trustees Preside	ent or Chairperson Information
Name	
Daytime phone number (or Skype/WhatsAp North America)	p if outside
Email	
_	

E Does your organization hold nonprofit or noncommercial status?

□ Yes □ No
Pending
E Has your organization ever made animals available for research studies?
□ Yes □ No
If yes, please explain:
What were your total annual expenses (in USD) for the last fiscal year? This will determine your application fee. Application fee information can be found (LINKKK).
 Sanctuary Annual Expenses up to \$100 K Sanctuary Annual Expenses \$100 to \$500 K Sanctuary Annual Expenses \$500 K - \$2 M Sanctuary Annual Expenses over \$2 M
Number of Facilities:
• 1
• 2 • 3
Please complete to below information for each facility <u>separately</u> .
Facility Information - 1
Name of Facility
Address of Facility
City
State
Zip Code
Size of Facility (acres/hectares, etc.)
Does your organization own or lease this property?
□ Owned □ Leased □ Other
🕂 How many individual animals total did your organization care for last year at this facility (estimate, if necessary)?

_

This facility (check all that apply):

Provides lifetime sanctuary for all animals

- Places animals in approved private households
- Transfers animals to alternative rescues/sanctuaries
- Behabilitates and releases native wildlife
- Breeds as part of a wildlife re-introduction program
- Other, please specify _

Check all animal groups that this facility has served/cared for in the past year (check all that apply):

Aquatic/Semi-Aquatic Birds Arboreal Perching Birds Bats Bears Birds of Prev Canids Caniforms Crocodillians Elephants Equine ☐ Felids E Feliforms Great apes Ground Feeding Birds Lagomorphs, Rodents and Hyrax Monotremes, Marsupials and Small Insectivores New World Primates Non-Testudine Old World Primates Prosimian Rhino, Hippo, Tapir Ruminant Suidae Testudine

Mumber of Paid Staff at this facility:

Market Average number of hours worked by volunteers weekly:

Breeding prohibited at facility

- Breeding permitted by adopter
- Other, please specify _

Have animals come to this facility in the last year by (check all that apply):

Check all that apply regarding your breeding policy at this facility:

Breeding for reintroduction

I Has this facility sold animals to (check all that apply):

The public Sanctuaries Laboratories Auctions Zoos Not applicable Other, please specify
 Has this facility transferred/adopted animals to (check all that apply): The public Sanctuaries Laboratories Auctions Zoos Not applicable Other, please specify
 Reasons for euthanasia in the last year at this facility (check all that apply): Temperament Lack of space Severe health condition High cost of treatment Quality of life Not applicable Other, please specify Can visitors make direct contact with animals or enter animal enclosures at this facility? Yes No If yes, please specify what species and circumstances.
 Are any animals ever taken off grounds for reasons other than veterinary care at this facility? Yes No
 Do you have public tours of this facility? Yes No If yes, are visitors escorted at this facility?
Yes No

Facility Information - 2

Name of Facility

Address of Facility
City
State
Zip Code
Size of Facility (acres/hectares, etc.)
Does your organization own or lease this property?
□ Other
🚰 How many individual animals total did your organization care for last year at this facility (estimate, if necessary)
🚰 What is the maximum number of animals that were in residence at this facility at one time last year?
This facility (check all that apply):
Provides lifetime sanctuary for all animals
Places animals in approved private households
Transfers animals to alternative rescues/sanctuaries
Rehabilitates and releases native wildlife
Breeds as part of a wildlife re-introduction program
☐ Other, please specify
Check all animal groups that this facility has served/cared for in the past year (check all that apply):
Aquatic/Semi-Aquatic Birds
Advance Serie Advance Birds
Bats
Bears
Birds of Prey
☐ Great apes
Ground Feeding Birds
Lagomorphs, Rodents and Hyrax
Monotremes, Marsupials and Small Insectivores
New World Primates Non-Testudine Reptile Standards
Old World Primates
□ Prosimians
Rhino, Hippo, Tapir
□ Suidae

Mumber of Paid Staff at this facility:

Market Average number of hours worked by volunteers weekly:

Check all that apply regarding your breeding policy at this facility:

 Breeding prohibited at facility Breeding for reintroduction Breeding permitted by adopter Other, please specify
 Law enforcement seizure Owner surrender Relinquishment Purchase at auction Purchase from individuals (e.g. owners/trainers) Retirement Animal Control Other, please specify
 Has this facility sold animals to (check all that apply): The public Sanctuaries Laboratories Auctions Zoos Not applicable Other, please specify
 Has this facility transferred/adopted animals to (check all that apply): The public Sanctuaries Laboratories Auctions Zoos Not applicable Other, please specify
 Reasons for euthanasia in the last year at this facility (check all that apply): Temperament Lack of space Severe health condition High cost of treatment Quality of life Not applicable Other, please specify
 Can visitors make direct contact with animals or enter animal enclosures at this facility? Yes No If yes, what species?

E Are any animals ever taken off grounds for reasons other than veterinary care at this facility?

□ Yes □ No	
Do you have public tours of this fa	icility?
☐ Yes ☐ No	
If yes, are visitors escorted at this	facility?
□ Yes □ No	
Facility Information - 3	
Name of Facility	
Address of Facility	
City	
State	
Zip Code	
Size of Facility (acres/hectares, etc.)	
📰 Does your organization own or lea	ise this property?
☐ Owned ☐ Leased ☐ Other	
A How many individual animals total	did your organization care for last year at this facility (estimate, if necessary)?
🚰 What is the maximum number of a	animals that were in residence at this facility at one time last year?
This facility (check all that apply):	
 Provides lifetime sanctuary for all a Places animals in approved private Transfers animals to alternative res Rehabilitates and releases native v Breeds as part of a wildlife re-introd Other, please specify 	households scues/sanctuaries vildlife
Check all animal groups that this f	acility has served/cared for in the past year (check all that apply):
 Aquatic/Semi-Aquatic Birds Arboreal Perching Birds Bats Bears Birds of Prey Canids Caniforms Crocodillians Elephants 	

 Equine Felids Feliforms Great apes Ground Feeding Birds Lagomorphs, Rodents and Hyrax Monotremes, Marsupials and Small Insectivores New World Primates Non-Testudine Reptile Standards Old World Primates Prosimians Rhino, Hippo, Tapir Ruminant Suidae Testudine
Mumber of Paid Staff at this facility:
Average number of hours worked by volunteers weekly:
Check all that apply regarding your breeding policy at this facility:
 Breeding prohibited at facility Breeding for reintroduction Breeding permitted by adopter Other, please specify
Have animals come to this facility in the last year by (check all that apply):
Law enforcement seizure Owner surrender Relinquishment Purchase at auction Purchase from individuals (e.g. owners/trainers) Retirement Animal Control Other, please specify
☑ Has this facility sold animals to (check all that apply):
 The public Sanctuaries Laboratories Auctions Zoos Not applicable Other, please specify
Has this facility transferred/adopted animals to (check all that apply):
 The public Sanctuaries Laboratories Auctions Zoos Not applicable Other, please specify

Reasons for euthanasia in the last year at this facility (check all that apply):

 Temperament Lack of space Severe health condition High cost of treatment Quality of life Not applicable Other, please specify
E Can visitors make direct contact with animals or enter animal enclosures at this facility?
Yes No
🕂 If yes, what species?
E Are any animals ever taken off grounds for reasons other than veterinary care at this facility?
□ Yes □ No
Do you have public tours of this facility?
□ Yes □ No
If yes, are visitors escorted at this facility?
□ Yes □ No
Does your organization require any personnel or others to sign non-disclosure or other confidentiality agreements?
□ Yes □ No
If yes, what do the non-disclosures cover (check all that apply):
 Intellectual property Financial information Information about animal care Information about animal health Accidents at the facility Other places list

☐ Other, please list _____