

Pet Business & Service Evaluation Form – Rescue/No facility

Business Name:	
Contact Name: (& Position in Company)	
Address:	Phone #:
Email Address: Website:	Social Media? __FB__ Tw__ Other:
Days / hours of operation: M_____ T_____ W_____ TH_____ F_____ Sa_____ Su_____	
Provide copies of business license, proof of insurance/bonding, training/certification or other authentic documentation pertaining to business or services including letters of recommendation	
Provide documentation of 501c3 status or other non-profit status paperwork	
Does the rescue have any other specialties available? (ie: TTouch, Holistic Remedies, other training, etc)	

What is the mission statement?	
What help is most need and given out?	
How does the shelter earn money to run the facility? _____ Thrift Stores/retail shops _____ Mailings _____ Grant Writing _____ Workshops _____ Community Events _____ Other:	What is main fundraiser?
What is the number of active Volunteers? Are volunteers being used in an efficient manner? Is there training for volunteers on a regular basis? Is there a recognition plan in place for volunteers?	
Describe the adoption process (if applicable): Is a potential owner screened for new pet adoption? (making sure pet fits owners needs/wants) Is a Home Evaluation completed with each adoption? Is a follow up call/visit completed with each adoption?	
Describe the Fostering program (if applicable): Is a Home Evaluation done with each potential foster family? Do you have regular communication with each foster family?	

Evaluation completed by (print name)

Title (job title pertaining to AACOC)

Overall Impression (1 being poor, 5 being excellent)

_____1_____2_____3_____4_____5