

# Pet Business & Service Evaluation Form – Rescue/No facility

Business Name:	
Contact Name: (& Position in Company)	
Address:	Phone #:
Email Address: Website:	Social Media? <input type="checkbox"/> FB <input type="checkbox"/> Tw <input type="checkbox"/> 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? <input type="checkbox"/> Thrift Stores/retail shops <input type="checkbox"/> Mailings <input type="checkbox"/> Grant Writing <input type="checkbox"/> Workshops <input type="checkbox"/> Community Events <input type="checkbox"/> 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 TAILS411)

Overall Impression (1 being poor, 5 being excellent)

\_\_\_\_\_1\_\_\_\_\_2\_\_\_\_\_3\_\_\_\_\_4\_\_\_\_\_5