



## Pawsitive Partner Rescue Group Profile

The Animal Rescue League of Berks County's Pawsitive Partner Program is a crucial component to increase lifesaving opportunities. We deeply appreciate the opportunity to work together supportively as a team and look forward to the dialogue that helps us get to know each other! Please help us get started by completing our standard profile, which is meant to help us work together more efficiently. All information that you provide us is kept confidential and will not be shared with any other group or organization.

Become an Animal Rescue League of Berks County (ARL) Pawsitive Partner by providing the following information and documentation to Isys Goodman and Alyssa Budock, [popco@berksarl.org](mailto:popco@berksarl.org) or mail it to the shelter: 58 Kennel Road, Birdsboro, PA 19508. We will return a mutually signed agreement by email to confirm acceptance into the Pawsitive Partner Program. Please write legibly or type.

1. Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above):

\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Contact Name #1 (These are people that are allowed to pick up or drop off animals on behalf of your organization.)

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

3. Contact Name #2 \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

4. What type of animals do you accept in your organization? ☐Dog ☐Puppy ☐Cat ☐Kitten

Other: \_\_\_\_\_

5. Do you prefer any specific breeds?

\_\_\_\_\_

If yes, will you take mixes of those breeds? ☐Yes ☐No



6. Please share any type of medical conditions your group **accepts** (i.e. dogs with heartworm disease, FeLV positive cats, etc.):

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7. Please share any type of medical conditions that make an animal **ineligible** for your group (i.e. dogs with heartworm disease, FeLV positive cats, etc.):

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8. Please share any animal behavior conditions your group **accepts** (i.e. resource guarding, litter box issues, separation anxiety, etc.):

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9. Please share any behavior conditions that would make an animal **ineligible** for your group (i.e. resource guarding, litter box issues, etc.):

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10. Are there any age restrictions for animals entering your organization that we should know about?

Lower age limit: \_\_\_\_\_

Upper age limit: \_\_\_\_\_

11. Please describe where animals will be housed after they leave the Animal Rescue League of Berks County, this is important to know in case we have an animal that needs a foster set up vs. a kennel. (foster homes, boarding, a shelter facility, combination, etc.)

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12. Do you have a licensed veterinarian who serves as the organization's primary provider/consultant if applicable?

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13. Do you have any behavior consultants and/or trainers who provide service to your organization if applicable?

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I agree that I have the authorization to enter into this agreement on behalf of the organization listed below, and that I have read and agree to all the ARL policies outlined in the Pawsitive Partner Policy document.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Signature of ARL representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_