

# AWOIP Supplemental Questionnaire Shelters



ANSWER ALL QUESTIONS

Risk Name: \_\_\_\_\_

Risk website address: \_\_\_\_\_

FEIN: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

1. # Animals \_\_\_\_\_ # Employees: \_\_\_\_\_ # Volunteers: \_\_\_\_\_

2. Are all volunteers and employees over the age of 18?  Yes  No

3. What are the experience requirements for:

a. Employees- \_\_\_\_\_

b. Volunteers- \_\_\_\_\_

4. Does this risk do background checks and/or require drug testing?  Yes  No

5. What training does this risk provide/ require for employees and volunteers? \_\_\_\_\_

6. Does this risk provide separate job descriptions for paid workers and volunteers?  Yes  No

7. Are volunteers closely supervised?  Yes  No

8. Does this risk provide personal protective equipment (latex gloves, bite gloves, restraining poles)?  Yes  No

9. Does this risk provide training or information on zoonotic disease to employees and volunteers?  Yes  No

10. Is this risk aware of & compliant with all state regulations & protocols regarding rabies exposure?  Yes  No

11. How does this risk assess the health of the animals in its care? \_\_\_\_\_

12. Does this risk accept/adopt aggressive animals?  Yes  No

13. Does this risk test all animals for people/animal/food aggression?  Yes  No

If so, how? \_\_\_\_\_

14. Does this risk clearly label the cages of aggressive or fearful animals?  Yes  No

15. Does this risk have procedures in place for handling animals known to bite?  Yes  No

16. Does this risk have a formal policy for reporting bites and scratches?  Yes  No

17. Are all animals on-leash or in carriers when moving them through the facility?  Yes  No

18. How does this risk screen adoptive families? \_\_\_\_\_

19. Are all visitors escorted and supervised when visiting the facility?  Yes  No

20. Are prospective owners monitored at all times when handling adoptable pets?  Yes  No

21. Does the adoption form contain a hold-harmless waiver?  Yes  No

22. How does this risk asses and care for sick animals? \_\_\_\_\_



23. Does this risk vaccinate?  Yes  No Does this risk spay or neuter?  Yes  No
24. Does this risk perform euthanasia?  Yes  No
- a. If so, are scheduled drugs stored securely and tracked?  Yes  No
25. Is there a crematorium on the property?  Yes  No Gross Receipts: \$ \_\_\_\_\_
- a. If not, how are the bodies and remains stored and disposed of? \_\_\_\_\_
26. Does this risk have off-site adoption locations?  Yes  No How many per year? \_\_\_\_\_
27. Are employees/volunteers trained to ensure the safety of the pets and prospective adopters at these events?  Yes  No
28. Are all interactions with potential adoptive families closely supervised in secure areas?  Yes  No
29. Does this risk sponsor any other events or activities?  Yes  No How many per year? \_\_\_\_\_ (attach descriptions)
30. Does this risk offer training to the public?  Yes  No Gross Receipts: \$ \_\_\_\_\_
31. Are animals required to be vaccinated and on-leash for training sessions?  Yes  No
32. Does this risk offer veterinary services to the public?  Yes  No Veterinary Payroll: \$ \_\_\_\_\_ (est market value)
33. Does this risk offer day camps/activities for children?  Yes  No (Fill out separate Day Camp Supplemental)
34. Does this risk have any foster homes?  Yes  No How many? \_\_\_\_\_
35. How does this risk evaluate and train foster homes? \_\_\_\_\_
36. Are fosters required to fill out an application?  Yes  No Does it include a hold-harmless waiver?  Yes  No
37. Does this risk accept wildlife or other animals from animal control officers?  Yes  No
38. Does this risk employ animal control officers?  Yes  No
- Are officers self insured?  Yes  No Are they authorized to carry tasers/firearms?  Yes  No
- Are they state licensed?  Yes  No Do they have arrest/seizure authority?  Yes  No
39. Does this risk have a contract to perform services for the town/county/state?\*  Yes  No
- \*please include the contract, or description of services provided.**
40. How many animals on average are in your possession at any given time? \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_