



## WFHS PROJECT SHARE ANIMAL TRANSPORT APPLICATION

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Hours of Operation** \_\_\_\_\_

\_\_\_\_\_

**Name of Executive Director** \_\_\_\_\_

**Name of Shelter Transport Coordinator** \_\_\_\_\_

**Cell Phone Number of Coordinator** \_\_\_\_\_

**Email of Coordinator** \_\_\_\_\_

### Operations Information

Which vaccines do you provide for your animals? (check all that apply)

#### **Canine Vaccines**

- Rabies
- DHLPP
- Bordatella

- Other \_\_\_\_\_

**Feline Vaccines**

- Rabies
- FVRCP
- Feline Leukemia
- Other \_\_\_\_\_
- None

When are vaccines administered to animals?

- At intake
- Day of intake
- After holding period
- Just before transfer
- Other (please explain)\_\_\_\_\_

Which tests do you provide for your animals?

**Canine**

- Heartworm
- Fecal float
- Fecal smear
- Tick Panel (anaplasmosis, lyme, erlichia)

**Feline**

- Felv/Fiv
- Heartworm
- Fecal float
- Fecal smear

What preventative treatments do you provide?

- Heartworm
- Flea and tick treatment
- De-wormer
- Other (Please list)\_\_\_\_\_

Do you provide treatment for any of the above?

Yes / No

Do you provide behavior assessment for your animals?

- Yes
- No

Which Protocol do you follow? (check all that apply)

- Assess-A-Pet
- Meet Your Match
- ATTS
- Volhard
- Other \_\_\_\_\_
- None

How often are tests repeated? \_\_\_\_\_

**Revised June 2012**