



Forsyth County Animal Shelter  
5570 Sturmer Park Circle  
Winston-Salem NC 27105  
336-703-2489

Forsyth County Animal Shelter- Rescue Partner Liability Release Agreement

As a representative of \_\_\_\_\_, I release Forsyth County Animal Shelter (FCAS), its officers, agents, and employees from any and all claims, including but not limited to those involving injury or property damage, arising from any animal transferred into our care.

\_\_\_\_\_ agrees to defend, indemnify, and hold harmless FCAS against any claims, lawsuits, or judgments—whether for personal injury, property damage, or other damages—resulting from the care, ownership, or possession of the transferred animal(s).

This includes responsibility for all attorney fees and court costs. I understand there are no guarantees regarding the health or behavior of any animal received from FCAS. The animal's temperament may change, it may require veterinary care, and it may be carrying contagious or zoonotic illnesses, including rabies.

By signing, I accept full responsibility for providing appropriate veterinary care, ensuring all required vaccinations are administered, and completing spay/neuter procedures. I understand that failure to comply with these requirements may result in removal from FCAS's approved rescue partner list.

\_\_\_\_\_  
Rescue Group Tax ID#

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Group Representative Signature

\_\_\_\_\_  
Website or Email Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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FCAS-Approved Rescue Agents

Before any animal can be released by Forsyth County Animal Shelter (FCAS), each rescue organization must provide a current list of approved individuals authorized to pull animals on the rescue's behalf. All individuals on this list must present a valid photo ID at the time of pickup, and the name on the ID must match the name provided on the approved list.

- Name- Position—Email/phone number

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

- Shelter references

(A minimum of 1 reference that shows you work with other shelters)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

- Veterinarian references

(A minimum of 1 reference that shows your work with a veterinarian Please provide contact information including phone number/email )

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_



**FORSYTH COUNTY**  
**ANIMAL SHELTER**

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**FCAS- Rescue Group Written Standards**

In accordance with NCAC 52J .0201(t), which outlines written standards for approved rescue organizations, the rescue listed below agrees to meet the following housing and care requirements for any animals accepted into its custody. Submission of this form is in addition to providing Forsyth County Animal Shelter (FCAS) with a completed rescue application, proof of 501(c)(3) status, veterinary reference(s), one shelter reference, a signed liability disclaimer, and a copy of the organization's bylaws and operational policies.

**By initialing each item below, you acknowledge that you understand and agree to comply with all written standards required by the North Carolina Department of Agriculture and Consumer Services (NCDA&CS).**

**Sanitation Procedures** – Facility maintains clean, safe, and sanitary conditions in accordance with animal welfare standards. \_\_\_\_\_

**Daily Health and Behavior Monitoring** – Animals are observed daily for signs of illness, injury, or behavioral concerns. \_\_\_\_\_

**Feeding and Watering Standards** – Animals are provided appropriate food and fresh water based on their species, age, weight, and health status. \_\_\_\_\_

**Veterinary Care Documentation** – All medical treatments, vaccinations, and veterinary visits are accurately recorded and maintained. \_\_\_\_\_

**Long-Term Care Provisions** – Adequate housing, enrichment, and care plans are in place for animals requiring extended stays. \_\_\_\_\_

**Compliance and Oversight** – Rescue agrees to meet expectations set forth by the approving shelter and remain in full compliance with the NC Animal Welfare Act. \_\_\_\_\_

**Inspection Policy Acknowledgment** – Rescue understands that Forsyth County Animal Shelter may conduct unannounced inspections as needed. \_\_\_\_\_

Rescue Name: \_\_\_\_\_

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

Rescue Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forsyth County Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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FCAS- Rescue Partner Sheet

Thank you for taking the time to complete this form. The information you provide will help us make the most appropriate placements for the animals in our care through our network of approved Rescue Partners. This form will be kept on file as part of the Rescue Program at Forsyth County Animal Shelter (FCAS).

Please submit your completed form, along with a copy of your 501(c)(3) documentation, via email to **rescue@forsyth.cc**

### General Information

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

501(c)(3) Tax-Exempt ID#: \_\_\_\_\_

If a government agency, please check: ☐

Physical Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_

Website: \_\_\_\_\_

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

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

### Primary Contact

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

Title: \_\_\_\_\_

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

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

Authorized to approve transports? ☐ Yes ☐ No

### Secondary Contact

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

Title: \_\_\_\_\_

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

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

Authorized to approve transports? ☐ Yes ☐ No



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FCAS- Rescue Information

What species do you accept? (e.g., dogs, cats, rabbits, reptiles):

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If breed-specific, what breed(s) do you accept?

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If not breed-specific, do you focus on specific sizes, ages, or types?

---

Are there any breeds you cannot accept?

---

Can you accept animals with medical conditions?

---

☐ Yes ☐ No If yes, please specify conditions:

Can you accept animals with behavioral challenges?

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☐ Yes ☐ No If yes, please list behaviors you are comfortable managing or have experience with:

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Can you accept animals that are not yet spayed/neutered?

☐ Yes ☐ No

Can you accept dogs that are heartworm positive (HW+)?

☐ Yes ☐ No

Are there any additional conditions or requirements for animals you accept?

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### **Rescue Partner Organization Commitments**

#### **As an approved Rescue Partner, your organization agrees to the following:**

- **Nonprofit Status:** Submit proof of 501(c)(3) designation and, if applicable, corporate delegation of authority. Updated documentation may be requested by FCAS at any time.
- **Licensing and Compliance:** Maintain all necessary licenses and certifications required to operate as a rescue. Comply with all local, state, and federal animal welfare laws.
- **Information Sharing:** Provide a completed Information Sheet and Rescue Partner Agreement. Keep contact information current.
- **Authorized Representatives:** Designate individuals authorized to approve transports. FCAS may deny release of animals to individuals not in compliance with animal welfare laws.
- **Financial Responsibility:** FCAS is not responsible for veterinary care or other costs incurred after transfer. The rescue agrees not to hold FCAS, its employees, or officials liable for any claims or damages related to the care of transferred animals.
- **Spay/Neuter Compliance:** Ensure all animals are spayed/neutered prior to adoption, unless medically contraindicated at the time of transfer.
- **No Guarantees:** Understand that FCAS makes no guarantees regarding health, age, or behavior of animals. Behavioral or medical concerns will be disclosed when known.
- **Legal Investigations:** If an animal is involved in an open investigation, the organization agrees to comply with all reasonable requests from FCAS or the Forsyth County Sheriff's Office Animal Services Division.
- **Eligibility Determinations:** FCAS reserves the right to determine an animal's eligibility for rescue. Animals with serious behavior concerns will only be placed with partners experienced in behavior rehabilitation.
- **Ongoing Custody:** The organization that accepts transfer from FCAS will retain custody until the animal's final placement.
- **Transport Authorization:** A designated representative must approve each transport in writing (email preferred). A Transport Agreement must be signed at the time of pickup. Transfer is considered complete upon the animal's departure from FCAS.
- **Ethical Placement:** Animals must be placed in homes where they will be treated as companions—not used for protection, hunting, or experimentation.
- **Animal Care Standards:** Provide proper housing, nutrition, veterinary care, and socialization. Behavior modification must be humane and non-damaging. Daily observation is required. If the organization operates a licensed facility, it must maintain State Department of Agriculture licensing. Foster-based rescues must meet all minimum care standards. FCAS reserves the right to inspect any facility.
- **Annual Renewal:** This agreement must be renewed annually. FCAS will notify you when renewal is due. Notify FCAS within 72 hours of any major organizational changes, including dissolution.



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### **Rescue Partner Organization Commitments**

#### **FCAS Commitments to Rescue Partners:**

- Notify organizations of approval or denial in a timely manner.
- Collaborate with approved Rescue Partners to support animal placement.
- Provide available medical and behavioral information to assist with placement decisions.
- Communicate policy or procedural changes that affect rescue operations.
- Maintain open and timely communication via phone and email.
- Respect the expertise and limitations of each Rescue Partner.
- Offer feedback and accept feedback to improve collaboration and outcomes.
- Be available, within reason, for discussion of concerns through scheduled meetings or impromptu conversations.

#### **Agreement Acknowledgment**

By signing below, I confirm that I am authorized to enter into this agreement on behalf of the Rescue Partner Organization named below. I have read, understand, and agree to the terms outlined above. I accept full responsibility for the care and placement of any animal transferred to my organization from Forsyth County Animal Shelter. I will make every effort to place animals in safe, appropriate environments and will not knowingly place an animal where it may pose a risk to people or other animals. I understand that failure to comply with this agreement may result in removal from FCAS's list of approved Rescue Partners.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name\_\_\_\_\_

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