



## Information Request Form

---

**1. What is the goal/purpose of the assessment? Why are you seeking review by No Kill Solutions?**

**2. Population Served (Approximate size of human population, geographic size, and brief description of the demographics).**

*Example: San Francisco: 800,000 people, urban area comprising approximately 47 square miles, heavily urban population of varying socioeconomic and cultural backgrounds.*

**3. Number and Description of Each Animal Holding Facility.**

*Example: San Francisco: One shelter, full service intake and adoption, houses all administrative, kennel and field staff.*

**4. Annual Animal Intake.**

**Number of Dogs Impounded:** \_\_\_\_\_

**Number of Cats Impounded:** \_\_\_\_\_

**Number and Type of Other Animals Impounded:**

*Example: Rabbits 100, Guinea Pigs 50, Exotics 30.*

**Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**5. Current Staffing Levels by Type and Copy of Organizational Chart (If available).**

*Example: 50 kennel staff, 1 veterinarian, 2 vet techs, 10 adoption staff, 10 management.*

**6. Other Sheltering Facilities in the Area (Name and, if known, approximately how many and what type of animals they accept annually).**

**7. Animal Welfare Organizations in the Area (Only include those dealing with companion animals, even if they do not handle any animals and a very brief description of what they do).**

*Example: Feral Cat Coalition (spay feral cats), Humane Education Network (talk to school classrooms about pets).*

**8. Approximate Number of Veterinary Practices in the County.**

**9. Name of Colleges or Universities in the Geographic Area Served.**

**10. Other Area Resources.**

*Example: PetSmart, Veterinary College, Coalition of Animal Groups.*

**11. Comments or Special Concerns.**

**12. Does the shelter have a: (circle one with detailed answers provided on attached sheets of paper)**

- (a) Foster care program where animals are placed into temporary homes until adoption: YES NO. If yes, describe the program including attaching a copy of any rules, how many of each species of animals were fostered for the preceding twelve month period. If no, why not? And would you be willing to do so?**
- (b) Rescue transfer program where rescue groups can take animals from the shelter: YES NO. If yes, describe the program including attaching a copy of any rules, and how many of each species of animals were transferred for the preceding twelve month period. If no, why not? And would you be willing to do so?**
- (c) Public low-cost spay/neuter program where the shelter subsidizes the cost of sterilization: YES NO. If yes, describe the program including attaching a copy of any rules, and how many of each species of animals were altered for the preceding twelve month period. If no, why not? And would you be willing to do so?**
- (d) Are all animals spay/neutered before adoption?: YES NO. If no, describe any follow-up done to ensure post-adoption neutering. If no, why not? And would you be willing to do so?**
- (e) Offsite adoption program: YES NO. If yes, describe where and how often, and how many of each species of animals were adopted offsite. If no, why not? And would you be willing to do so?**
- (f) Feral cat TNR program where feral cats are sterilized rather than killed: YES NO. If yes, describe the program, and how many feral cats were sterilized in the preceding twelve months. If no, why not? And would you be willing to do so?**
- (g) Medical rehabilitation programs for sick or injured animals: YES NO. If yes, describe the program, staff involved, and what illnesses or injuries are routinely treated. If no, why not? And would you be willing to do so?**
- (h) Behavior rehabilitation program for shelter animals: YES NO. If yes, describe the program, staff or volunteers involved, and how animals are socialized and/or trained in the shelter. If no, why not? And would you be willing to do so?**
- (i) Pet retention program: YES NO. If yes, describe how the shelter assists individuals overcome behavior, medical or environmental conditions which may lead to pet relinquishment. If no, why not? And would you be willing to do so?**
- (j) Volunteer program: YES NO. If yes, describe what opportunities there are for volunteers to assist with cleaning, adoption, socializing, grooming, and otherwise help in the operations of the shelter. If no, why not? And would you be willing to do so?**

**13. Please attach a budget for the last fiscal year (showing both income and expenses), your last Form 990 or audited financials (one or the other but not both), and comprehensive animal intake and disposition data (disposition should include how many were adopted, redeemed/returned, transferred, killed, died, missing).**

---

**Signature of Administrator**

---

**Date**

**Return to:**  
**6114 La Salle Ave. #836 · Oakland CA 94611**  
**Fax: (510) 530-1317 · E-mail: [winograd@nokillsolutions.com](mailto:winograd@nokillsolutions.com)**