

# NEW HOPE PROGRAM



Franklin County  
Board of Commissioners

**ANIMAL CARE  
& CONTROL**

**Purpose, Policy, Procedure, and Participant Guidelines**

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**Franklin County Animal Care & Control**

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## **Franklin County Animal Care & Control's Mission, Vision, and Values**

- The mission of Franklin County Animal Care & Control is to balance the health and safety needs of both citizens and dogs in Franklin County. We are dedicated to responsible enforcement of dog laws in our community, compassionate treatment of the dogs in our shelter, and on-going public education for our citizens.
- Franklin County Animal Care & Control envisions the day community outreach and education efforts ensure responsible pet ownership throughout the county.
- Franklin County Animal Care & Control is an open admission shelter where every dog is cared for as an individual. Franklin County Animal Care & Control does not euthanize dogs on the basis of length of stay, space, or breed. We recognize that humane euthanasia could be the most compassionate, and responsible, course of action in cases where a dog has a health or behavior condition.

## **About Franklin County Animal Care & Control**

Animal Care and Control is mandated by the Ohio Revised Code and Franklin County Commissioner Resolutions:

- All stray dogs will be held for a minimum 72 – hour period prior to evaluation in order for an owner to redeem their lost dog.
- All stray dogs that arrive with a current dog license will be held for 14 days to allow time to notify owners. Every effort will be made to contact the owners prior to evaluating the dog for adoption.
- Owner surrendered dogs may be evaluated at the time of impound for adoptability or could be placed on a behavior hold, to allow the dog time to adjust to the environment, prior to adoptability assessment.
- Dogs that are under bite quarantine and/or deemed dangerous\*, and not returned to the owner, will not be available for the New Hope Program.
- Dogs deemed vicious\*\* will not be available for the New Hope Program.

\*A Dangerous dog is a dog that, without provocation, caused injury to a person (other than killing or serious injury), killed another dog, or has been the subject of a third or subsequent violation of division (C) of section [955.22](#) of the Revised Code.

\*\*A Vicious dog is a dog that, without provocation, has killed or caused serious injury to any person.

## **Franklin County Animal Care & Control New Hope Program**

The purpose of the Franklin County Animal Care (FCACC) & Control New Hope Program is to find permanent homes for dogs that are not adopted under regular shelter circumstances.

The New Hope Program is a partnership between the Franklin County Dog Shelter and non-profit animal welfare organizations, to help ensure that as many dogs as possible are placed into permanent adoptive homes. Understanding that many of the dogs may require specialized medical care or behavior training.

New Hope Program participants assume responsibility for dogs removed from the Franklin County Dog Shelter which might otherwise be euthanized or not adopted, due to health or behavior concerns. Participants will take ownership of dogs and care for them in shelters, foster homes, boarding facilities, and/or their own private facilities prior to placing them in permanent homes through their own adoption processes.

The New Hope Program is designed to cultivate relationships among the rescue community, the public, and other animal shelters to help dogs find permanent and appropriate homes, while developing a more innovative approach to the issue of homeless pets.

Animals that have completed their hold period(s) but are not candidates for public adoption through the Franklin County Dog Shelter, due to poor medical and/or behavior assessment, may be eligible for the New Hope Program provided the dog:

- Does not have a medical condition deemed to pose a significant risk to public health.
- Does not have a medical condition deemed to pose a significant risk to the shelter populations health (parvovirus, distemper, etc.).
- Does not have a behavioral condition deemed to pose a significant risk to public safety.
- Does not have medical and/or behavior conditions that significantly compromise the dogs' quality of life.

Franklin County Animal Care & Control reserves the right to deny any already confirmed release, if the dog in Franklin County's care, custody, or control has been re-evaluated as unsuitable for placement and/or a candidate for euthanasia due to severe medical issues. In such instances every attempt to contact the New Hope holding partner will be made. If the partner cannot be reached and an urgent decision needs to be made, Franklin County Animal Care & Control retains the right to make this decision and act accordingly.

New Hope participants who are interested in personally adopting a dog available from the Franklin County Dog Shelter are subject to the same procedures as a member of the public, including adoption policies and fees. Adoptions are handled in person on a first-come, first-served basis. The adopter must be physically present, adopting for him/herself, be at least 18 years of age, and have a valid photo ID.

Every animal adopted must be spayed or neutered.

## Rescue Liaison

Developing a positive, collaborative relationship with animal welfare, rescue organizations, and the public will facilitate honest, open, and professional communication.

Franklin County Animal Care & Control's Rescue Department will be responsible for coordination with New Hope participants, to ensure successful on-going communication.

Staff will initiate two-way conversations pertaining to dogs in need of rescue, ensuring that participants understand and act in accordance with the Franklin County Animal Care & Control New Hope Program, all applicable laws, policies, and procedures.

Staff will make every effort to provide all approved animal welfare rescue organizations fair and equal access to dogs, whether on the "Rescue Only" list or removed from the adoption ward. A listing of dogs on the "Rescue Only" list will be posted to the rescue website.

All holds on dogs by program partners shall be placed with the County's Rescue Coordinator, via email sent to: [rescue@franklincountyohio.gov](mailto:rescue@franklincountyohio.gov).

All holds by partners shall contain the animal identification number, name of rescue organization requesting hold, pick up date/time, and the name of the person picking up/transporting. Partners may be required to immediately pick up dogs with significant health problems and/or in the event of an emergency.

Rescue hold emails will be confirmed prior to 7 p.m. Monday through Friday and prior to 5 p.m. Saturday and Sunday. All holds must be placed through the Rescue Department email and received prior to hold confirmation time. When scheduled, euthanasia will proceed immediately following the hold confirmation time expiration.



## **Eligibility to Become a New Hope Program Participant**

Animal organizations that are established or recognized in their communities as animal shelters, animal welfare organizations, animal rescue organizations, accredited veterinary schools, and veterinary hospitals may be eligible to participate, subject to final approval by Franklin County Animal Care & Control Director.

Dogs will not be released for the purpose of animal experimentation or animal research that involves pain, suffering, and/or discomfort.

Any group interested in becoming a participant shall make the request via participant program application and submission of the following documents:

1. Articles of Incorporation or application for employer identification (Form ss-4), including your employer identification number – EIN (exception for government operated shelters);
2. An official notice of an active 501c3 status (exception for government operated shelters);
3. Non-profit Certificate of Disclosure, Ohio Revised Code 1702.01 (exception for government operated shelters);
4. Ohio Department of Agriculture registration to operate as a nonprofit animal rescue organization (exception for government operated shelters);
5. Proof of liability insurance is required if you choose to pull a nuisance designated dog;
6. Letter from a licensed veterinarian indicating their willingness to participate with the organization in this program;
7. Letter from a dog trainer indicating willingness to participate with the organization in this program;

**Eligibility to Become a New Hope Program Participant (cont'd)**

8. Copy of organizations adoption application and agreement; and
9. Copy of foster application and agreement.

*\*\*Please include any articles or published information regarding your organization you feel may be relevant in support of your application.*

## **Mutual Understanding**

Once documents have been received, the application will be processed. Upon verification/approval of documents and application, the Organization's President will be required to sign a mutual memorandum of understanding.

Mutual Memorandum of Understanding, Rescue Organizations agree to:

1. Assume full ownership of the dog, including financial and legal responsibility for the dog.
2. Spay/Neuter all dogs removed from the Franklin County Dog Shelter, prior to adoption (unless a licensed veterinarian has advised surgery would be detrimental to the dogs' health).
3. Pay for medical services (including services performed at the Franklin County Dog Shelter), rendered at the request of the participant.
4. License a dog, if the dog has not been adopted, within 30 days of removal from the shelter, in accordance with section 955.012 or 955.16 of the Ohio Revised Code.
5. Return any dog removed from the dog shelter to its rightful owner prior to the legal 3-day hold, in instances when the dog has not been formally adopted, and there is no validated indication of animal cruelty on the part of the owner.
6. Submit a quarterly report to the Franklin County Dog Shelter's Rescue Coordinator .
7. Attend one Franklin County Animal Care & Control Rescue meeting and/or one training per year; There will be opportunities for web/video participation for those who can't attend in person.

### **Mutual Understanding (cont'd)**

8. Provide proper care for, including adequate food, water, shelter, safe confinement, behavior modification, and appropriate vet care for the dog.
9. Transport dogs from the shelter in a safe manner (in support of the transport person and the dog) and agree to pick up dogs from the shelter in a timely manner after the release has been approved.

Franklin County Animal Care & Control will agree to:

1. Provide full disclosure regarding the health and behavior of dogs eligible for rescue release.
2. Provide equal and fair opportunity to place a hold on eligible dogs
3. Release eligible dogs to the participant.
4. Issue individual animal identification numbers, generated by the shelter software, for each dog.
5. Microchip and register each dog released to participant, at no charge.
6. Vaccinate, including a rabies vaccination (when appropriate), each dog released to participant, at no charge.
7. Provide assistance with foster family, cat, and dog introductions.

Franklin County Animal Care & Control does not guarantee age, medical condition, and/or behavioral assessment of the dog released to participant. Franklin County Animal Care & Control makes no express or implied assurance as to the emotional, physical, medical, or behavioral condition of the dog at the time of removal or anytime thereafter.

## **Mutual Respect Statement**

All parties value the integrity of each employee, volunteer, and participant. All parties contribute to the professional delivery of excellent customer service and the humane treatment of animals, in an atmosphere of open, honest communication, predicated upon trust and mutual respect.

Franklin County Animal Care & Control appreciates the efforts of every New Hope participant and is committed to developing relationships consistent with organizational values.

Both parties agree to mutual respect. The shared goal is to stop the euthanasia of treatable, adoptable dogs. To this end, all parties agree to no misleading or untruthful information be voiced about either party. Franklin County Animal Care & Control staff endeavors to treat every participant with courtesy and respect.

Disparaging comments in public, person, print, or through social media are harmful to both parties and undermine the mission of this agreement; such conduct may result in termination of agreement.

Franklin County Animal Care & Control is dedicated to developing appropriate communication tools and materials. While rescue organization's thoughts, opinions, and suggestions are valued, it is important to remain professional and respectful at all times. It is the intent of the shelter to have open and ongoing communication throughout the term of the agreement. Understanding that conflicts may arise, it is the goal of the shelter to work closely with participants to discuss issues and concerns, in an effort to find mutually agreed upon solutions that benefit both the public and the dogs.

## Participant Quarterly Report

1. Date to include, month, day, and year (FCACC to fill in).
2. Organization Name (FCACC to fill in).
3. Name of person completing the report (Rescue to fill in).
4. Franklin County Animal Care & Control issued animal identification number and/or microchip number (FCACC to fill in).
5. Description of dog, sex, breed, color, and name (FCACC to fill in).
6. Spay/Neuter date, veterinarian name (FCACC to fill in if surgery was performed at the shelter; otherwise the rescue will fill in).
7. Current status of dog: boarding, in veterinarians care, in training for behavior issues, foster, adopted, hospice care, permanent foster (Rescue to fill in).
8. Adoption date and county/state of adopter (Rescue to fill in) (adoption date, name, and address have been removed).
9. Information on any dog in which humane euthanasia was elected for medical and/or behavior concerns (Rescue to fill in).

Quarterly reports must be submitted in acceptable format, such as an excel spreadsheet or in PDF and submitted via email. Quarterly reports are due four times each year.

- |                                  |              |
|----------------------------------|--------------|
| 1. Quarter 1 (Jan 1 – March 31)  | Due April 30 |
| 2. Quarter 2 (April 1 – June 30) | Due July 31  |
| 3. Quarter 3 (July 1 – Sept. 30) | Due Oct. 31  |
| 4. Quarter 4 (Oct. 1 – Dec. 31)  | Due Jan. 31  |

Failure to submit a quarterly report by the deadlines will result in suspension of pulling privileges. A dog must remain on the quarterly report until transfer of ownership or humane euthanasia.

## Memorandum of Understanding

This Memorandum of Understanding is made between the Franklin County Animal Care & Control and           (participant name)          .

Franklin County Animal Care & Control hereinafter referred to as FCACC.

### Obligation of Participants

The participants acknowledge that no contractual relationship is created between them by this Memorandum of Understanding and agree to work together in the true spirit of partnership.

(Participant name here) will provide appropriate housing, shelter, food, enrichment, and veterinary care for acquired dogs from the Animal Shelter, in accordance with the Franklin County Animal Care & Control New Hope Program. FCACC will provide dogs for rescue in an effort to find permanent homes for dogs, which are not adoptable under regular shelter circumstances. If at any such time either party deems it necessary to terminate this agreement they may do so with written notification.

FCACC will release all known medical and behavior information regarding rescue dogs.

### **Signature of Agreement**

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

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Rescue Organization President**

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

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Franklin County Animal Care & Control Director**

## **Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge and covenant not to sue Franklin County Government, Animal Care & Control, their respective commissioners, directors, employees, agents, and affiliates; and any other person, fund or entity related to any of them from any liability for personal injuries (including death), loss or damage to personal property which may occur by or in connection with any activity or accommodation associate with my removal of dog from shelter.

**Assumption of Risks:** Removal of dog from shelter carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Specific risks vary from one dog to another, but the risk range from minor injuries and property damage to major and/or catastrophic injuries.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Franklin County Government, employees, and associates HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of removal of dog from animal shelter.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.



**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I understand the risks associated with the removal and keeping of dogs from the Franklin County Dog Shelter and understand that my participation is strictly voluntary.

**Organization Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of President**

\_\_\_\_\_  
**Print Name of President**

\_\_\_\_\_  
**Date**

Acknowledgement of Individual

STATE OF OHIO

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_(date)  
by \_\_\_\_\_(name of person acknowledged).

Notary Public

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

My Commission Expires:

\_\_\_\_\_

**Franklin County Animal Care & Control**  
**Alternative Placement Partnership Agreement**

I have read and agree to follow and adhere to the New Hope Program Eligibility Requirements, Policies, and Procedures & Agreement. I understand that my status can be suspended or revoked if I do not follow the policies and procedures.

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

Printed Name of Organization President: \_\_\_\_\_

Signature of Organization President: \_\_\_\_\_

Date: \_\_\_\_\_

Once your application packet is complete, you may submit the documents via any of the following methods.

Scan and email to [rescue@franklincountyohio.gov](mailto:rescue@franklincountyohio.gov) or fax to 614-525-6658.

**Franklin County Animal Care & Control**  
**New Hope Partnership Application**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Organization President/Director:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Alt. Phone:** \_\_\_\_\_

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

**Alternate Email:** \_\_\_\_\_

**Other organizational members authorized (by the President/Director)  
to place holds and/or pull dogs from the Franklin County Dog Shelter:**

<u>Name</u>	<u>Phone</u>	<u>Alt Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**New Hope Partnership Application – Continuation**

**How are dogs held pending adoption? Foster/Private Kennel/Other**

Please circle all that apply – use provided spaces to explain other

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**Number of approved fosters for your organization: \_\_\_\_\_**

**Maximum number of dogs your organization can care for at one time,  
pending adoption: \_\_\_\_\_**

**Brief summary of your adoption process: \_\_\_\_\_**

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**Home Inspections:                      Yes                      No**

**Adoption Follow ups:                      Yes                      No**

**New Hope Partnership Application – Continuation**

**Veterinarian Information**

**Primary Veterinarian**

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

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

Clinic Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Emergency Veterinarian**

*\*If primary vet does not provide emergency services*

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

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

Clinic Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Behaviorist/Dog Trainer**

*\*If applicable*

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

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

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

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

**New Hope Partnership Application (cont'd)**

**Three Professional References**

\*At least one reference must be an adopter who has adopted an animal from your organization within the last six months. If your organization works with foster homes, at least one reference must be a foster volunteer. The third reference should be a shelter/humane society, a rescue organization, or another animal welfare related organization that has worked closely with your organization.

**Name and Professional Relationship:** \_\_\_\_\_

\_\_\_\_\_

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

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

**Name and Professional Relationship:** \_\_\_\_\_

\_\_\_\_\_

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

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

**Name and Professional Relationship:** \_\_\_\_\_

\_\_\_\_\_

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

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

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