



**Care Providers**  
Insurance Services

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## ANIMAL WELFARE SUPPLEMENTAL APPLICATION

Business Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address (City/State/ZIP): \_\_\_\_\_

Website: \_\_\_\_\_ Phone # & Contact Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_ # of Years Experience (Owner/Management): \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Capacity: \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ # of Cages: \_\_\_\_\_

### Insurance Agent Information

Agency Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel#: \_\_\_\_\_ Email: \_\_\_\_\_

For Profit

Non Profit

**Indicate all Programs administered by the Insured (check all that apply):**

OPERATIONS	% OF CATEGORY	% OF TOTAL	OPERATIONS	% OF CATEGORY	% OF TOTAL
Animal Rescue, Non-Breed Specific		%	Low Cost Vaccinations		%
Animal Rescue, Breed Specific (Add Info Below)		%	Low Cost Spay/Neuter		%
<b>Indicate # per Year of the Following:</b>	<b># / Year</b>		Other Veterinary Care		%
Akita / Chow			<i>(describe below with % of total Other Veterinary Care):</i>		
Doberman Pinscher			Wellness	%	
German Shepherd			Surgical	%	
Pit Bull: Am. Staffordshire Terrier, etc.			Other: _____	%	
Rottweiler			Animal Shelter (No-Kill Shelter)		%
Wolf / Wolf Hybrid			Animal Shelter		%
Animal Training		%	Pet Day Care/Boarding		%
Animal Advocacy		%	Other (describe:)		%
			<b>TOTAL: ALL OPERATIONS:</b>		<b>%</b>

A. General

<b>CHECK ALL THAT APPLY</b>	Pre-Employment Drug Screening	Post-Employment Drug Screening	Background Checks	Training Program	Over 18 Years Old
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Do you have minimum experience requirements for employees?  Yes  No
- b. Do you verify licenses or other credentials of staff prior to hiring?  Yes  No
  - i. If no, please explain: \_\_\_\_\_
  - ii. If yes, are procedures in place to verify licenses are maintained and in good standing?  Yes  No
- c. Has the Applicant or Applicant's staff ever:
  - i. Been reprimanded, refused admission or suspended by any association or administrative agency or had a license under investigation, suspended, revoked, voluntarily surrendered or placed under conditional status?  Yes  No
  - ii. If yes to either above, details: \_\_\_\_\_

B. Shelters / Rescue Operations  N/A

- a. Aware of and compliant with all state regulations & protocols regarding rabies exposure?  Yes  No
- b. Do you accept wildlife or other animals from animal control officers?  Yes  No
- c. Do you employ animal control officers?  Yes  No
  - i. Are officers personally insured?  Yes  No
  - ii. Are officers state licensed?  Yes  No
  - iii. Are they authorized to carry tasers/firearms?  Yes  No
  - iv. Do they have arrest/seizure authority?  Yes  No
- d. Do you have a contract to perform services for the town/county/state?  Yes  No  
(If yes, please include a copy of the contract)
- e. Animal Health
  - i. How is their health assessed? \_\_\_\_\_
  - ii. What care is provided for sick or injured animals? \_\_\_\_\_
  - iii. Do you vaccinate animals?  Yes  No
  - iv. Do you prescribe or administer medication for animals?  Yes  No  
If yes, please provide details: \_\_\_\_\_
  - v. Do you offer veterinary services to the public?  Yes  No
  - vi. Do you perform euthanasia?  Yes  No
    - 1. If so, are scheduled drugs stored securely and tracked?  Yes  No
    - 2. Is there a crematorium on the property?  Yes  No
    - 3. If no crematorium, how are remains stored and disposed of?  Yes  No
- f. Describe aggressiveness evaluation regarding people/other animals/food: \_\_\_\_\_
- g. Are all animals evaluated regarding aggressiveness?  Yes  No
- h. Do you accept/adopt aggressive animals?  Yes  No
- i. Do you clearly label the cages of aggressive or fearful animals?  Yes  No
- j. Do you have procedures in place for handling animals known to bite?  Yes  No
- k. Do you have a formal policy for reporting bites and scratches?  Yes  No
- l. Are all animals on-leash or in carriers when moving them through the facility?  Yes  No
- m. Are all animals harnessed and secured or in carriers when transporting?  Yes  No

- n. Adoptions:
- i. How are adoptive families screened? \_\_\_\_\_
  - ii. Are adopters allowed to adopt on behalf of others not present (as gifts, etc.) ?  Yes  No
  - iii. Does the adoption form contain a hold harmless waiver in favor of the shelter?  Yes  No
- o. Are all visitors escorted and supervised when visiting the facility?  Yes  No
- p. Are prospective owners monitored at all times when handling adoptable pets?  Yes  No
- q. Do you participate in off site adoption events?  Yes  No
- i. Number per Year: \_\_\_\_\_
  - ii. Are staff trained to ensure the safety of pets and the public at these events?  Yes  No
  - iii. Are all interactions with prospective adopters closely supervised in secure areas?  Yes  No
- r. Do you sponsor any other outside events or activities or host other events such as school field trips, day camps/activities for children, etc?  Yes  No
- i. Number per year: \_\_\_\_\_
  - ii. Describe: \_\_\_\_\_

C. Animal Training Operations  N/A

a. Describe operations:

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D. Animal Fosters  N/A

- a. Do you use foster homes?  Yes  No
- i. How do you evaluate and train foster homes?  Yes  No
  - ii. Are fosters required to fill out an application?  Yes  No
  - iii. Does the application include a hold harmless waiver in your favor?  Yes  No
  - iv. Are homes with children allowed to foster animals?  Yes  No

E. Indicate the number of professionals by category and type:

Professional Category	Employees		Volunteers		Independent Contractors	
	FT	PT	FT	PT	FT	PT
Veterinarian						
Veterinary Technician						
Other Professional (Describe:)						
<b>TOTALS:</b>						