



## Sanctuary Accreditation Application

Mail completed application to:

**Application for Accreditation  
c/o American Sanctuary Association  
2308 Chatfield  
Las Vegas, Nevada 89128**

**Please review ASA policies before submitting this form.**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Director: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

The mission of this organization is: *(use attachment if necessary)*

### **Financial and Corporate information**

1. How long has your organization been in operation? \_\_\_\_\_

2. Please submit a copy of your federal tax exemption letter.

3. Please submit a copy of your articles of incorporation and bylaws.

4. What are the monthly operating costs of your organization? \_\_\_\_\_

5. Describe your primary sources of income. \_\_\_\_\_

\_\_\_\_\_

6. Please attach a copy of your most recent year-end financial statement and / or federal 990 report.

7. How many employees, full and part-time, does your organization have? \_\_\_\_\_



## Sanctuary Accreditation Application

8. How many volunteers? \_\_\_\_\_
9. Please attach a list of your board members, a brief description of their qualifications, and explain if they are active in their duties.
10. If you are the sanctuary founder or co-founder, has your board of directors created a comprehensive plan for the future management and income of the organization in the event that you are no longer capable of directing the corporation? Please explain.
11. Do you have a life insurance policy payable to the corporation, an endowment, or adequate membership / donor list? Please provide details.
12. Do you have liability insurance? \_\_\_\_\_ How much? \_\_\_\_\_ Please provide the name and address of the insurance carrier.

### **Animal Care and Facilities**

1. Does your organization have a safety program to manage an animal escape or other emergency? \_\_\_\_\_ Are staff members trained to use capture equipment? \_\_\_\_\_ Please attach description.
2. Does your organization keep detailed animal records? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Please submit a list of permanently housed animals (number and species), and a list of animals you may be able to accept in the future for sanctuary placement.
4. Please describe your facility and include photographs or videotape. Include information about the number of acres owned, who owns the land and facilities (individual or sanctuary), when the land was bought, and what type of property surrounds your facility (rural, farmland, residential, etc.). If you have plans for future expansion, or relocation, please also include this information.
5. Please submit the name, address and telephone number of attending veterinarians.
6. Please submit details of your veterinary care program.

### **Licenses and Permits**

1. USDA license # (include copy of last inspection). \_\_\_\_\_
2. State wildlife permit # (include copy of last inspection). \_\_\_\_\_
3. U.S. Fish & Wildlife Service permit number. \_\_\_\_\_
4. Do you have special permits under local zoning ordinances? \_\_\_\_\_ Please explain.
5. Other permits and licenses you may hold. \_\_\_\_\_



## Sanctuary Accreditation Application

### Miscellaneous Questions

1. If you have a working relationship with other sanctuaries or animal protection groups, please submit the name of these organizations, the name of the person you work with, and his/her phone number.

2. Please check below the type of educational activities your organization conducts:

- \_\_\_\_\_ Guided tours  
\_\_\_\_\_ Open to the public (please include hours of operation)  
\_\_\_\_\_ Off-site presentations  
\_\_\_\_\_ Special lectures  
\_\_\_\_\_ Radio / TV programs  
\_\_\_\_\_ Other (please specify)

3. Does your organization breed animals? \_\_\_\_\_ yes \_\_\_\_\_ no  
(if yes, please attach explanation, and include the disposition of these animals)

**Note:** Please check if you *primarily* provide

- wildlife rehabilitation and release services,**  
 **animal adoptions to individuals,**  
 **animal advocacy services,**  
 **or are open to the public..** Additional information may be required.

I, the undersigned, swear that the information given in this application is true to the best of my knowledge. If accepted as a member of the American Sanctuary Association (ASA), this organization agrees to abide by its policies and guidelines. I am aware that if this organization violates any of the ASA's policies and guidelines, membership may be terminated.

Signature: \_\_\_\_\_

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

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