



Care Providers
Insurance Services

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Email to: CPS-submissions@nsminc.com

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		%
Indicate # per Year of the Following:	# / Year		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:)		%
			TOTAL: ALL OPERATIONS:		%

A. General

CHECK ALL THAT APPLY	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:

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:)						
TOTALS:						

F. Virus/Communicable Disease

- a. Do you follow all proper protocols/procedures, including the continuous release of updated CDC guidelines to ensure you are in compliance with all virus/communicable disease prevention control methods? (i.e., clients screening procedures, social distancing, use of PPE, sanitizing and cleaning of facilities and equipment, etc.) Yes No