

southern  
COMFORT



COALITION

SHELTER  
Details

SHELTER NAME/ID:

SHELTER CONTACTS:

WHO OWNS SHELTER/MANAGES:

SHELTER ADDRESS:

SHELTER PHONE #'S:

SHELTER EMAIL:

SHELTER OPENING:

SHELTER REGIONAL COVERAGE:

SHELTER PUBLIC PRESENCE:

WEB

FB

OTHER:

Supporting  
Shelter Lives

## SHELTER/COALITION PARTNERSHIP ASSESSMENT FORM

### SHELTER BACKGROUND:

Who is in charge of shelter and makes the decisions regarding overall management/maintenance?

Who is in charge of resource procurement?

How much food do you go through on a monthly basis and what do you have the hardest time keeping in stock?

What is your shelter support team: ☐ STAFF ☐ VOLUNTEER ☐ BOTH

What is kennel capacity: ☐ INSIDE:

☐ EXTERNAL:

Describe kennel environment:

☐ HEAT

☐ AC

☐ ISOLATION WARD

☐ STRAY HOLD

☐ CONCRETE

☐ WOOD-HOUSE

☐ DIRT ☐ STRAW

☐ PEBBLE

What are your last 2 years of shelter numbers for:

INTAKES:

OUTTAKES:

KILL %:

ADOPTIONS:

RESCUE TRANSFERS:

owner returns:

owner surrenders:

What is the main reason for killing:

☐ SPACE

☐ MEDICAL

☐ BEHAVIORAL

☐ OTHER:

What is your daily intake receiving amount: ☐ DOGS

☐ CATS

Do you have capabilities for other animals?

☐ BIRDS

☐ SMALL MAMMALS

☐ PIGS

☐ OTHER:

What are your stray/surrender policies and fees?

Questions? Comments?

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Notes

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## SHELTER/COALITION PARTNERSHIP ASSESSMENT FORM

2

What vetting is provided upon intake?

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What medical care are you able to extend to your intakes while in your care?

☐ BASIC ☐ INTERMEDIATE ☐ ADVANCED

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Do you work with a local vet? ☐ YES ☐ NO ☐ ON-SITE ☐ OFF-SITE ☐ BOTH

Do you work with rescue groups? ☐ YES ☐ NO

If so, what is your approval process and paperwork requirements?

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Do you have any support resources for families in need:

☐ FOOD ☐ VACCINATIONS ☐ SPAY/NEUTER ☐ MICROCHIP

### SHELTER NEEDS:

Do you have any basic resource needs that you consistently need to support your ability to properly care for and manage your intakes?

☐ CAT FOOD ☐ KITTEN FOOD ☐ DOG FOOD ☐ PUPPY FOOD ☐ SENIOR FOOD  
☐ ALLERGY-needs ☐ TREATS ☐ CLEANING/sanitary items ☐ CAT LITTER  
☐ COLLARS ☐ SLIP LEADS ☐ BLANKETS ☐ TOWELS ☐ TARPS ☐ TOYS  
☐ STRAW ☐ PORTABLE KENNELS ☐ LOW-COST VACCINATIONS needs  
☐ SPAY/NEUTER VOUCHERS ☐ MICROCHIPPING needs

What are your biggest concerns, challenges or resource needs?

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