

**Pawmatch Adoptions**  
**14108 FM 812**  
**Austin(Elroy), TX**  
**512-243-3700**  
**512-243-3702(fax)**  
**Pawmatch.org**

**Shelter Partnership Program**  
**Operating Guidelines**

## **Pawmatch Overview**

Pawmatch (PM), is a 501C3 non profit organization that is headquartered in Austin TX. PM specializes in finding homes for adoptable dogs and cats lives in the central Texas area. This is accomplished by creating successful partnerships with both, local big box retailers who allow PM to setup outreach adoptions outside the stores each week, and the central Texas animal shelters that provide us with a steady stream of adoptable cats and dogs. In 2006 PM adopted nearly 3000 dogs and cats.

PM has recently leased and renovated a farm in southeast Austin. This new facility will allow PM to house 100 dogs and 100 cats in a low stress, free range, setting. This facility will provide PM a single central facility to collect the animals into. Care for the animals is provided by full time kennel staff. A full time Veterinary technician and part time Veterinarian oversee the medical needs and perform the spays/neuters on all the animals. It is the policy of PM that every animal offered to the public for adoption is spay/neutered. Additionally, all the tests/vaccines outlined on the PM Animal Intake form are done to every animal offered for adoption. It is PM's goal to provide the highest quality animal to the public. PM adoption counselors are fulltime employees. PM adoptions are done from 10AM-6PM every Thursday, Friday, Saturday, and Sunday, at most of the Austin Petsmarts, Bark and Purr on Burnet Road, along with other sites that support the traffic needed to do a reasonable number of adoptions each day.

**This is the first attempt to formalize PM's relationship with the shelter partners. As such, PM guidelines will evolve over time. PM welcomes your feedback as to this document and to the partnership program overall. We hope to work closely together to help each other in any way possible. PM is glad to assist you in obtaining the skills, equipment, and medications, necessary to meet PM guidelines. As partners we hope to create a win/win relationship with your shelter, and to save as many animals lives as possible.**

**In order to find homes for as many animals as possible on a weekly basis PM is asking shelter who wish to participate in the Shelter partnership program to adhere to the following guidelines.**

### **Weekly Request for Animals (Monday)**

Monday PM will assess its previous weekend's adoption counts and call the shelter partners with its needed replacement animal counts. Animal counts will be broken down into four categories:

Adult Dogs - Any dog over four months old

Adolescent Dogs – Between ten weeks and four months

Puppies - Between seven weeks(PM minimum age) and ten weeks old

Adult Cats – Any cat over three months old

Kittens - Must be over 2 pounds body weight and be less then three months old

The shelter partner will be called and given the opportunity to fill some part of the animals needed that week. The shelter partner will agree to deliver the committed animals on the following day (Tuesday).

Please provide PM with shelter contact persons and phone numbers on the Shelter Information Form attached.

### **Weekly Animal Intake Day (Tuesday)**

In order for the PM veterinarian staff to assess each incoming animal, PM asks that the shelters schedule a specific arrival time on Tuesday. Surrender hours for the attending Vet. will be 10AM to 3PM each Tuesday. In order to minimize any waiting by the shelter delivery staff, appointments for intake should be with the PM office manager Martha Jackson at 512-243-3700.

### **Behavioral Testing**

Each animal will need to be assessed as to its behavioral appropriateness for adoption. See the attached Behavioral Testing Guideline document attached for specific testing requirements. The testing process should be administered to every animal being surrendered to PM. PM suggests one/two persons at each shelter become familiar with, and administer, the testing process. This way the testing is done correctly each time. Be sure to document the test on the PM Animal Intake Form. For questions on testing, contact Andy at 512-573-3281.

**Completing the PM Animal Intake Form**

PM asks that the provided "Pawmatch Animal Intake Form" be filled out prior to arrival at the PM facility for each animal being surrendered to PM., and that a close up, clear, 3" x 4", color picture of the animal be attached to the bottom right hand corner of the form.

**Required information on the intake form:**

The following general information should be filled in by the partner shelter:

=====sample excerpt from intake form=====

Animal Name : \_\_\_\_\_ Animal ID #: \_\_\_\_\_ Dog / Cat  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_ Ears: \_\_\_\_\_ Eyes: \_\_\_\_\_ Coat: \_\_\_\_\_ Tail: \_\_\_\_\_  
 PM Intake Staff Name: \_\_\_\_\_ Shelter of Origin: \_\_\_\_\_ PM Intake Date: \_\_\_/\_\_\_/\_\_\_  
 Behavioral Testing: \_\_\_/\_\_\_/\_\_\_ Shelter Staff Initials: \_\_\_\_\_

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**The following vaccines/tests/treatments should be completed for dogs:**

- Spay/Neuter:** We are asking that all animals except puppies and pure breed dogs/cats, be fixed when possible.
- Rabies:** Required 3 days prior to being delivered to PM
- DHLPP:** Required prior to delivery to PM. Place vaccine label on the PM intake form.
- Bordetella:** Required prior to delivery to PM.
- Deworming:** Required prior to delivery to PM.
- Flea/Tick treatment:** Frontline should be given prior to delivery
- Heartworm test:** Not required but suggested.
- Microchip:** Not required by PM

=====sample excerpt from intake form=====

**Dog Medical Background**

Spay/Neuter: \_\_\_/\_\_\_/\_\_\_ Already Done: \_\_\_\_\_  
 Rabies Vaccine: \_\_\_/\_\_\_/\_\_\_ Tag Number: \_\_\_\_\_ Sticker→ \_\_\_\_\_  
 DHLPP: \_\_\_/\_\_\_/\_\_\_ Sticker→ \_\_\_\_\_  
 Bordetella Vaccine: \_\_\_/\_\_\_/\_\_\_ Sticker→ \_\_\_\_\_

Dewormed: \_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_  
 Flea/Tick Preventative Treatment: \_\_\_/\_\_\_/\_\_\_ Heartworm Test : \_\_\_/\_\_\_/\_\_\_  
 Micro Chip Number: \_\_\_\_\_ Type: \_\_\_\_\_

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**The following vaccines/tests/treatments should be completed for cats/kittens:**

**Spay/Neuter:** PM asks that all animals except kittens and pure breed cats, be fixed when possible.

**Rabies:** Required 3 days prior to being delivered to PM. Tag and Vet form needed also.

**FVRCP:** Required prior to delivery to PM. Place vaccine label on the PM intake form.

**Fiv/FelLV:** Required prior to delivery to PM. Place vaccine label on the PM intake form.

**Deworming:** Required prior to delivery to PM.

**Ear Mites:** Inspection and treatment required prior to delivery to PM

**Flea/Tick treatment:** Frontline should be given prior to delivery to PM

**Microchip:** Not required by PM

=====sample excerpt from intake form=====

**Cat Medical Background**

Spay/Neuter: \_\_\_/\_\_\_/\_\_\_

Rabies Vaccine:\_\_\_/\_\_\_/\_\_\_ Tag Number:\_\_\_\_\_ Sticker→ \_\_\_\_\_

FVRCP: \_\_\_/\_\_\_/\_\_\_ Sticker→ \_\_\_\_\_

FIV/FelLV: \_\_\_/\_\_\_/\_\_\_

Dewormed: \_\_\_/\_\_\_/\_\_\_ Type:\_\_\_\_\_

Earmites: \_\_\_/\_\_\_/\_\_\_

Flea/Tick Preventative:\_\_\_/\_\_\_/\_\_\_

Microchip Number:\_\_\_\_\_ Type:\_\_\_\_\_

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**Additional Program Requirements:**

A 3” x 4” color photo of each animal should be attached to the bottom right hand corner of the PM intake form.

All animals should be checked thoroughly for ringworm. PM can’t take any animal with ringworm.

Dogs that show signs of kennel cough should be avoided.

Dogs with skin issues, mange, etc should be avoided.

Any animal with health problems should be avoided.

Cats with Upper respiratory infection (URI) can’t be taken by PM.

Shelter partners agree to pickup, on a timely basis, any animal that becomes sick after it arrives at PM.

# Pawmatch Shelter Partnership Program

## Shelter Partner Information Form

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

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

Municipal or Private Shelter (circle)

Primary Contact Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

How do you want PM to handle an animal that becomes sick while at the PM shelter?:

\_\_\_\_\_  
\_\_\_\_\_

Additional  
Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax to: 512-243-3702 No cover sheet is necessary**

# Pawmatch Animal Intake & Tracking Document

Quarantine Until Date: \_\_\_/\_\_\_/\_\_\_ Ready for adoption: \_\_\_\_\_ Adopted: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Animal ID #: \_\_\_\_\_ Dog / Cat  
Age: \_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: Primary \_\_\_\_\_  
Secondary \_\_\_\_\_ Ears: \_\_\_\_\_ Eyes: \_\_\_\_\_ Coat: \_\_\_\_\_ Tail: \_\_\_\_\_  
Shelter of Origin: \_\_\_\_\_ 3"x4" Color Picture Attached: \_\_\_\_\_ Y/N  
Behavioral Testing: \_\_\_/\_\_\_/\_\_\_ Tester's Name: \_\_\_\_\_

Pawmatch Intake Staff Name: \_\_\_\_\_ Pawmatch Intake Date: \_\_\_/\_\_\_/\_\_\_

### Dog Medical Background

Spay/Neuter: \_\_\_/\_\_\_/\_\_\_ Already Done: \_\_\_\_\_  
Rabies Vaccine: \_\_\_/\_\_\_/\_\_\_ Tag Number: \_\_\_\_\_ Certificate attached → \_\_\_\_\_ Y/N  
DHLPP: \_\_\_/\_\_\_/\_\_\_ Sticker → \_\_\_\_\_  
Bordetella Vaccine: \_\_\_/\_\_\_/\_\_\_ Sticker → \_\_\_\_\_  
Dewormed: \_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_

Flea/Tick Preventative Treatment: \_\_\_/\_\_\_/\_\_\_ Heartworm Test : \_\_\_/\_\_\_/\_\_\_

Micro Chip Number: \_\_\_\_\_ Type: \_\_\_\_\_

### Cat Medical Background

Spay/Neuter: \_\_\_/\_\_\_/\_\_\_  
Rabies Vaccine: \_\_\_/\_\_\_/\_\_\_ Tag Number: \_\_\_\_\_ Certificate attached → \_\_\_\_\_ Y/N  
FVRCP: \_\_\_/\_\_\_/\_\_\_ Sticker → \_\_\_\_\_  
FIV/FelLV: \_\_\_/\_\_\_/\_\_\_  
Dewormed: \_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Earmites: \_\_\_/\_\_\_/\_\_\_ Treatment: \_\_\_\_\_  
Flea/Tick Preventative: \_\_\_/\_\_\_/\_\_\_ Treatment: \_\_\_\_\_  
Microchip Number: \_\_\_\_\_ Type: \_\_\_\_\_

### Other exams, events, and observations of this animal meaningful to Pawmatch

<u>Date</u>	<u>Event</u>
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

Use Reverse side for additional comments

Accounting Use Only: Sales Receipt Number assigned by Quickbooks: \_\_\_\_\_

Date Filed: \_\_\_/\_\_\_/\_\_\_ Staff Initials: \_\_\_\_\_