



## Million Cat Challenge Pro Bono Shelter Assessment Application

### 1. Applicant Contact Information

**Name**

**Position**

**Email Address**

**Phone Number**

### 2. Shelter Contact Information

**Shelter Name**

**Physical Address**

**City/Town**

**State/Province/Municipality**

**ZIP/Postal Code**

**Country**

**Website**

**EIN**

3. If applicable, what department oversees the animal shelter, and what role do elected officials have in shelter oversight?

4. Of the many shelters that apply for assessments, what is it about your shelter that makes it the best choice for an assessment at this time?

5. What do you hope to accomplish with this assessment?

6. What do you perceive to be your shelter's greatest opportunity?

7. What do you perceive to be your shelter's biggest obstacle?

8. Has your shelter previously worked with a consultant?

- No  
 Yes (please describe)

9. Type of organization

- Municipal shelter  Private shelter without municipal contract  
 Private shelter with municipal contract  
 Other (please specify)

10. Animal Intake Policy

- Open admission  Limited admission  
 Not sure or other (please specify)

11. Please enter these shelter statistics for the most recent complete year of data.

Year

Total cat intakes

Total cat live outcomes

Total dog intakes

Total dog live outcomes

12. Is your shelter a participant in the Million Cat Challenge?

Yes

No

13. Is your shelter a participant in Shelter Animals Count?

Yes

No

14. Annual budget

15. Number of staff FTE (full-time equivalents)

Directors and managers

Customer service

Veterinarians

Veterinary technicians and assistants

Animal care

Animal control

Other

16. Services currently provided by your shelter

- |   |  |
|---|--|
| <input type="checkbox"/> Animal control         | <input type="checkbox"/> Public spay/neuter                      |
| <input type="checkbox"/> Animal sheltering      | <input type="checkbox"/> Public veterinary care                  |
| <input type="checkbox"/> Pet adoption           | <input type="checkbox"/> Trap-neuter-return                      |
| <input type="checkbox"/> Cruelty investigations | <input type="checkbox"/> Return-to-field                         |
| <input type="checkbox"/> Owner surrender        | <input type="checkbox"/> Pet safety net/owner retention programs |
| <input type="checkbox"/> Other (please specify) |  |

17. Please upload the [Shelter Animals Count Basic Data Matrix](#) for 2020

Choose File

Choose File

No file chosen

18. Please upload a staff organizational chart for your shelter

Choose File

Choose File

No file chosen

19. Please upload a copy of the local animal control municipal code.

Choose File

Choose File

No file chosen

20. Is there anything else you would like to add? For further information, feel free to reach out to Julie Levy at [levyjk@ufl.edu](mailto:levyjk@ufl.edu) or (352) 258-6658.