

HUMANE CANADA™ ACCREDITATION APPLICATION FORM

Date (M/D/Y): _____

Name of humane society or SPCA applying for accreditation: _____

Street address: _____

City: _____ Province or Territory: _____ Postal Code: _____

Phone number: _____ Email address: _____

Total number of full-time and part-time staff: _____ Total number of volunteers: _____

Do you have multiple sites? Y ____ N ____ If yes, how many? _____

Are you accredited by Imagine Canada? Y ____ N ____

Do you have a foster program? Y ____ N ____

Do you have an in-house veterinary clinic? Y ____ N ____

Are you a registered Canadian not-for-profit and/or charity that has been incorporated federally or provincially? Y ____ N ____

Do you spay/neuter cats and dogs before adoption? Y ____ N ____

When do you plan to submit the readiness assessment? 0-3 mos ____ 3-6 mos ____ 6-12 mos ____

Primary contact:

The person who will communicate with Humane Canada™ accreditation program staff during the accreditation process.

Name: _____

Position: _____

Email: _____

Secondary contact:

The person to contact if the primary contact is unavailable.

Name: _____

Position: _____

Email: _____

____ I am authorized to apply for accreditation on behalf of the program.

____ I authorize Humane Canada™ staff and surveyors to contact my organization for the purpose of the accreditation process.

____ I authorize Humane Canada™ staff and surveyors to review materials shared with Humane Canada™ for the purpose of the accreditation process.

____ Documents and materials shared with Humane Canada™ are, to the best of my knowledge, accurate and complete.

____ I understand that my organization is subject to an annual accreditation fee as well as costs associated with preliminary accreditation and the accreditation site visit.

Primary Contact

Date (M/D/Y)

Please save this filled out form and e-mail it to accreditation@humanecanada.ca

We thank you for your application

