

SYDNEY DOGS & CATS HOME

 442-446 LIVERPOOL ROAD, SOUTH STRATHFIELD NSW 2136
 02.9587 9611

 SYDNEYDOGSANDCATSHOME.ORG
 INFO@SYDNEYDOGSANDCATSHOME.ORG

 ABN: 16 943 464 587
 CFN: 16738

CORPORATE SNUDDLING RESCUE PROGRAM

Thank you for your interest in supporting Sydney Dogs & Cats Home and for inviting us to your office with our adoptable furry-residents.

Our Corporate Snuggling Rescue program is a unique way to bring happiness into your workplace, while supporting Sydney's lost and abandoned pets.

This document has all the information you need to know about the program, and also includes an Application Form for your business.

What happens during the event?

- Animal playtime
- Chance to ask Sydney Dogs & Cats Home staff and volunteers about our organisation, adoption process, and how else to get involved - including volunteering, foster care program, and fundraising etc.

How long does the event run?

30 - 60 minutes

What times / days are available?

Ideally, Thursdays between the hours of 10am and 1pm.

What we ask for in return?

In return, we ask for a \$1500 administration event fee, plus the cost of parking if on-site parking is not available.

We also encourage our corporate friends to get behind us by hosting an additional office fundraiser before or on the day.

Download our Support in the Workplace Toolkit [here](#)



Download our Fundraising Toolkit [here](#)

How to book?

Please complete the form on Page 3 & 4 after reading the Risk Control Plan. Email back to fundraising@sydneydogsandcatshome.org. Our team will contact you to confirm availability



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CORPORATE SNUGGLE RESCUE PROGRAM RISK CONTROL PLAN



Hazard	Risk controls already in place	Risk probability LOW, MODERATE, HIGH	Further action required to control risk
Animal toileting	<ul style="list-style-type: none"> - SDCH volunteers/staff trained and instructed to take each animals outside for regular toilet breaks - SDCH volunteers/staff equipped with poop bags, kitty litter etc. - Office Manager will supply sanitiser and cleaning equipment 	LOW	<ul style="list-style-type: none"> - SDCH to liaise with Office Manager before event to identify access to outdoor area where the animals will go for their toilet breaks. Or designated area.
Allergies towards animals	<ul style="list-style-type: none"> - Office staff are informed well in advanced about the event, SDCH will specify which type of animal will be attending. - The Office Manager is responsible for liaising with staff regarding allergies, and decides the control measures – e.g. Making it an invite only event, securing a room, etc. 	LOW	<ul style="list-style-type: none"> - The Office Manager will liaise with SDCH to discuss if this event is suitable for their office and the wellbeing of their staff.
Animal injures a human	<ul style="list-style-type: none"> - Before any animal is invited to come along, a trained staff member at SDCH makes a thorough assessment of its behavior. This includes assessing their behavior with people. 	LOW	<ul style="list-style-type: none"> - SDCH volunteers/staff handling the dogs are experienced and trained to control each animal. - First aid available by Office Manager
Animal injures another animal	<ul style="list-style-type: none"> - Before any animal is invited to come along, a trained staff member at SDCH makes a thorough assessment of its behavior. This includes assessing their behavior with other animals. 	LOW	<ul style="list-style-type: none"> - SDCH volunteers/staff handling the dogs are experienced and trained to control each animal.
Animal containment	<ul style="list-style-type: none"> - All animals will be on leashes - SDCH dog handlers trained and instructed to ensure that each animal is safely controlled 	LOW	<ul style="list-style-type: none"> - All animals will never be off-leash or left unattended - The Office Manager will organise a secure room or space for SDCH

WOOF. MEOW.

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CORPORATE SNUGLING RESCUE BOOKING FORM

CONTACT DETAILS

Name: _____

Organisation: _____

Address: _____

Suburb: _____

State: _____

Postcode: _____

Phone: _____

Mobile: _____

Fax: _____

Email: _____

BOOKING DETAILS

Preferred Date: _____

Preferred Time: _____

Address:

(if not the same as above)

Do you have permission from strata to allow pets in the building? Yes No

Animal preference: Doggies Kitties Other: _____

How many people will be present: _____

Please provide any additional information which we need to know: _____

PLEASE CONFIRM THE FOLLOWING BY TICKING THE APPROPRIATE BOX

I agree to pay the \$1500 event administration fee upon booking confirmation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have read the Risk Control Plan and understood the responsibilities of your company and Sydney Dogs & Cats Home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Public Liability Insurance? (If yes, please attach copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand my obligations with regards to inviting Sydney Dogs & Cats Home to host a Corporate Snuggling Rescue at your office:

Name: _____ Signature: _____

Date: _____

WOOF. MEOW.



Payment Form

SYDNEY



HOME

Please complete this form and mail or email to:
Sydney Dogs & Cats Home

MAIL: 442-446 Liverpool Road, Strathfield South, NSW 2136
EMAIL: fundraising@sydneydogsandcatshome.org

ABN 16 943 464 585CFN16738

A tax invoice receipt will be sent once the payment has been received

Name: _____
Company: _____
Address: _____

Suburb: _____ State: _____ Postcode: _____
Phone: _____ Email: _____

Payment options:

Bank Deposit, if you are doing an electronic transfer please put your name as the reference.

I, _____ have deposited \$ _____ into the following account:-

Bank: Westpac

Account Name: Sydney Dogs and Cats Home

BSB: 032-158

Account Number: 237 071

Date of deposit _____ Branch _____

Signature _____ Please include Deposit Slip or EFT notification with this form.

Bank Cheque or Money Order,

Please make payable to: Sydney Dogs and Cats Home

Amount \$ _____ Please attach to this form and return via mail

Credit Card, please debit my:

Visa Mastercard

Amount: \$ _____ CVV: _____

Card No: _____

Expiry Date ____ / ____

Name on Card: _____ Signature _____