

# ZAA Accreditation Application (2024 Edition)

## **Directions for applying for ZAA accreditation.**

Complete the application and email [accreditation@zooassociation.org](mailto:accreditation@zooassociation.org) to let the Accreditation Committee know that your application has been submitted.

The required documents and photos, plus any other documentation you feel will be beneficial to your application for accreditation by the ZAA, will need to be submitted to your facility's Accreditation Basecamp Project (which will be shared with you after your application is submitted and received). Photos may be submitted as a .jpg or a .png. Documents may be submitted as a .doc, .docx, or .pdf.

Currently accredited facilities must complete the application and submit all documents at each renewal.

## **Application Submission & Payment:**

### **Submission**

Email [accreditation@zooassociation.org](mailto:accreditation@zooassociation.org) for instructions on how to submit.

### **Payment**

Pay with credit card online:

\* \$300 non-refundable accreditation application fee (<https://members.zooassociation.org/products/accreditation-application-fee>)

\* \$500 site inspection deposit (<https://members.zooassociation.org/products/accreditation-inspection-deposit>).

OR

Mail a check made payable to Zoological Association of America for \$800 to:

*ZAA Accreditation  
11654 Plaza America Dr #309  
Reston, VA 20190*

Please allow 2-3 weeks for check processing.

## **Accreditation Inspection Fees**

You will be billed for the actual accreditation inspection expenses after completion of your accreditation inspection. ZAA will keep your inspection fees as reasonable as possible.

## **Annual Membership Dues**

You will be billed for the annual membership dues following approval of your accreditation.

Questions? Email [accreditation@zooassociation.org](mailto:accreditation@zooassociation.org) or [info@zooassociation.org](mailto:info@zooassociation.org) to be connected with the Accreditation Committee.

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\* Indicates required question

1. Email \*

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## **Checklist of required documents**

For reference. The documents and photos listed below, plus any other documentation you feel will be beneficial to your application for accreditation by the ZAA, will need to be submitted to your facility's Accreditation Basecamp Project (which will be shared with you after your application is submitted and received). Photos may be submitted as a .jpg or a .png. Documents may be submitted as a .doc, .docx, or .pdf.

### **2. Supplemental Documents Required**

*Check all that apply.*

- Current USDA License (required to be submitted WITH YOUR APPLICATION)
- All current State and Federal Wildlife Licenses and Permits (required to be submitted WITH YOUR APPLICATION)
- Protocol on Staff use of Prescribed Drugs (required to be submitted WITH YOUR APPLICATION)
- Education Plan (if applicable, required to be submitted WITH YOUR APPLICATION)
- Written waivers, variances, or exceptions with local, state, federal government or agencies, including USDA
- USDA Inspection Reports - last five years or all since last application
- Map of Facility
- Detailed inventory of all animals
- Animal Care Program (ACP) or other long-term planning documents (if applicable)
- Acquisition and Disposition Policy
- Policy on Selling Animals as Pets
- Policy on Addressing Animal Welfare Concerns
- Policy on Program for Water Quality Monitoring and Record-Keeping (if applicable)
- Documentation on Animal Enrichment Program
- Documentation on Animal Training Program
- Policy for Marine Mammal Isolation (if applicable)
- Program of Veterinary Care (PVC)
- Preventative Medicine Program document (if different from PVC)
- Program of Psychological Wellbeing for Singly Housed Primates (if applicable)
- Ambassador Animal Policy (if applicable)
- Ambassador Animal Program supporting documents (if applicable)
- Zoonotic Disease Policy
- Emergency Protocols
- First Aid Protocols
- Venomous Animal Protocol (if applicable)
- Incident Reporting Policy
- Risk Management Plan
- Document describing governing authority's chain of command and responsibilities (optional - may use input box instead)
- Copy of Liability Insurance Policy Declaration
- Document describing financial support (optional - may use input box instead)
- Resumes of senior personnel
- Wildlife Conservation Ranches ONLY: Land and Habitat Management Plan
- Wildlife Conservation Ranches ONLY: Population Management Plan for each species

3. **Supplemental Documents Required: New Applicants ONLY**

*Check all that apply.*

- Two sponsor letters (At least one letter must be from a ZAA accredited facility. The second letter may be from a current ZAA professional fellow member.)
- Photo(s) of public safety barrier (if applicable)
- Photo(s) of public safety barrier for Class I animals (if applicable)
- Photo(s) of public safety barrier for ambassador animal presentations (if applicable)
- Photo(s) of diet preparation area(s)
- Photo(s) of food storage (refrigerated, frozen, hay, grain, pelleted)
- Photo(s) of perimeter fence with height, condition, and materials documented (if applicable)
- Photo(s) of entrance to facility
- Photo(s) of facility graphics
- Photo(s) of newest exhibit
- Photo(s) of oldest exhibit
- Photo(s) of animal enrichment
- Photo(s) of capture equipment/animal handling equipment
- Photo(s) of off-site animal transportation vehicle(s)
- Photo(s) of off-site animal program (if applicable)
- Photo(s) of winter animal quarters (if applicable)
- Photo(s) of locking/pin system for Class I animal shift doors (if applicable)

**General Information**

**Facility Information**

4. Facility Name: \*

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5. Mailing Address: \*

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6. Physical address, if different than mailing address:

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7. Phone number: \*

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8. Website: \*

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9. Owner/Manager: \*

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**Contact for the Accreditation Process**

10. Name and title: \*

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11. Phone: \*

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12. Email: \*

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**Person Completing Application**

13. Name and title: \*

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14. Email: \*

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15. By submitting this application, I acknowledge that the facility will support the mission of ZAA and will abide by all ZAA \*  
policies.

*Mark only one oval.*

Yes

16. I have read the [ZAA Accreditation Standards](#). \*

Mark only one oval.

Yes

17. The information provided, including application and supplemental documents, is truthful and correct to the best of my knowledge. *If any false information has been submitted, the result will be the loss of membership status.* \*

Mark only one oval.

Yes

18. Please type full name; this will serve as your signature. \*

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19. Date signed: \*

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**General Information about the Facility**

20. Attach a map of the facility \*

Mark only one oval.

I understand that I will be required to submit this file.

21. Is the facility open to the public? \*

Mark only one oval.

Yes

No

By appointment only

22. Facility hours of operations/open to the public: \*

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23. Seasonal changes to hours: \*

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24. Closed months: \*

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25. The facility meets all the ZAA Accreditation Standards. \*

*Mark only one oval.*

Yes

No

26. If no, describe all areas that do not meet the ZAA Accreditation Standards and submit photos in the next section.

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27. Photos of areas that do not meet the ZAA Accreditation Standards.

*Mark only one oval.*

If applicable, I understand that I will be required to submit these files.

28. Describe any written waivers, variances or exceptions with local, state, federal government or agencies, including USDA, \* and attach documentation in the next section.

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29. Written waivers, variances, or exceptions with local, state, federal government or agencies, including USDA.

*Mark only one oval.*

If applicable, I understand that I will be required to submit these files.

30. USDA Inspection Reports - last five years or all since last application \*

*Mark only one oval.*

I understand that I will be required to submit these files.

31. Current USDA license \*

*Mark only one oval.*

I understand that I will be required to submit this file WITH MY APPLICATION.

**Type of Facility**

32. Select A. B. or C. If you select A. or C., indicate your subtype(s) in the appropriate section below. \*

*Mark only one oval.*

A. Exhibits exotic and/or wild animals to the public and has an educational and conservation message.

B. Educational outreach programs using exotic and/or wild animals. No on-site public visitation.

C. Propagates exotic/or wild animals for conservation purposes or supplying zoological facilities. No public visitation.

33. **A. Exhibits exotic and/or wild animals to the public and has an educational and conservation message.**

The facility may be open to the public with regular hours or by appointment. Public visitation may be by facility staff guided or self-guided tours. *\*Check all that apply to facility*

*Check all that apply.*

- Zoo
- Drive-through Park
- Aquarium
- Science/Nature Center
- Sanctuary
- Outreach Education
- The animal facility is a small section within a much larger non-animal business (ex. hotel, theme park, museum, etc.)

34. **C. Propagates exotic/or wild animals for conservation purposes or supplying zoological facilities. No public visitation.**

*Check all that apply.*

- Wildlife conservation ranch
- Private breeder

**Facility Status**

35. Accreditation Status \*

*Mark only one oval.*

- New applicant, never accredited by ZAA.
- Currently ZAA accredited.
- Formerly accredited, not currently accredited.
- Currently accredited by another organization.

36. Last year of ZAA accreditation, if applicable.

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37. List other organization(s) (example: AHA, AMMPA, AZA, CAZA, WAZA, etc.) you are accredited/certified by, if applicable. Include most recent inspection and expiration date.

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38. List types of activities offered (Example: Camel Rides, etc.) \*

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**Facility Management**

39. Who has administrative authority for the facility? \*

*Check all that apply.*

- Owner
- Director/CEO
- Board of Directors
- Other (please explain)

40. If you selected "other" in the previous section, please explain.

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41. Explain the relationship between the facility and the governing body. \*

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42. List the principals in the company. This is typically the owner, founder, and/or CEO.

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43. Facility is: \*

*Check all that apply.*

- Owned/operated by a governmental entity
- Owned/operated by self or family
- Not for profit
- Part of a larger corporation

44. If facility is owned/operated by a government entity, please specify which.

*Check all that apply.*

- City
- County
- State
- Federal

45. Is facility on leased property? If so, when does the lease expire?

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46. List the business name and any DBAs your facility may have. \*

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47. List all animal businesses conducted under facility's USDA license (submit with application), including business names, locations (physical addresses), and USDA #, or type N/A. \*

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48. If there are multiple USDA licenses, list the businesses under the other USDA licenses and the USDA #s., or type N/A. \*

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49. List any other animal-related businesses the facility owner owns or operates, or type N/A. \*

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50. Has the facility had any permits and/or licenses suspended or revoked or fined? \*

*Mark only one oval.*

Yes

No

51. If yes, briefly explain.

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52. Facility is compliant with all federal, state and local ordinances, regulations, laws, permits, and other requirements? \*

*Mark only one oval.*

Yes

No

53. If no, briefly explain.

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54. All current State and Federal Wildlife Licenses and Permits \*

*Mark only one oval.*

I understand that I will be required to submit these files WITH MY APPLICATION.

55. List ZAA members employed by the facility. If there are none, type N/A. \*

Specify whether they are a Professional Fellow, a Professional Affiliate, or an Associate member.

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56. What is the facility's mission statement and purpose? \*

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57. Resumes of senior personnel. \*

Mark only one oval.

I understand that I will be required to submit these files.

**Animal Collection, Staffing, & Facility**

58. Describe the collection. Check all that apply. \*

Check all that apply.

- Carnivores
- Birds
- Ambassador animals
- Venomous reptiles
- Invertebrates
- Hippos, rhinos, tapirs
- Hoofstock
- Reptiles
- Fish
- Venomous insects
- Amphibians
- Primates
- Marine mammals
- Elephants
- Venomous fish
- Great apes

59. Attach an inventory sorted into the categories of Mammals, Birds, Reptiles, Amphibians, Invertebrates, and Fish. At the end of each category, indicate total numbers of specimens within that category. \*

Use the format: Total specimens (male.female.unknown), common name, scientific name. Example: 1.3.2 Addax, *Addax nasomaculatus*.

Mark only one oval.

I understand that I will be required to submit these files.

60. List species you plan to acquire in next 5 years. \*

Use the format: Total specimens (male.female.unknown), common name, scientific name. Example: 1.3.2 Addax, *Addax nasomaculatus*.

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61. Total number of year-round, full-time (32+ hours) employees for the entire facility. \*

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62. Total number of employees for the facility. (Specify quantities of full-time, part-time, or volunteer.) \*

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63. How many staff care for the animals? (Specify quantities of full-time, part-time, or volunteer.) \*

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64. Total acreage of the facility's property? \*

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65. Total acreage of facility's property that is currently utilized? \*

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66. Facility founded in what year? \*

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67. Veterinarian Contact Name, Email, and Phone: \*  
*ZAA will contact your veterinarian as part of your accreditation inspection.*

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68. Reaccreditations ONLY: Describe accomplishments since last inspection

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**Information Collected for Statistical and Legislative Purposes**

This information will be utilized only as collective data. Individual Facility information will not be provided.

69. Conservation Support: Total money for contributed to conservation programs annually. \*

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70. List programs/NGOs facility supports (including monetary, in-kind services, and equipment support). \*

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71. On-site education programs presented by facility annually. \*

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72. Off-site education programs presented by facility annually. \*

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73. Total number of individuals impacted by education programs annually. \*

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74. Are you a new applicant? \*

*Mark only one oval.*

Yes

No *Skip to section 6 (**Compliance with ZAA Accreditation Standards**)*

**New Applicants ONLY**

75. How did you hear about ZAA? \*

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76. Two sponsor letters: \*

*\*At least one letter must be from a ZAA accredited facility. The second letter may be from a current ZAA professional fellow member. If a facility cannot obtain two letters, the facility may file a request for an exemption from the second letter with an appropriate explanation for the exemption request.*

Mark only one oval.

I understand that I will be required to submit these files.

77. **New Applicant Photos Required**

Unless the photo requested is not applicable to your facility, you will be required to submit all photos listed below.

Check all that apply.

- Public safety barrier
- Public safety barrier for Class I animals
- Public safety barrier for ambassador animal presentations
- Diet preparation area(s)
- Food storage (refrigerated, frozen, hay, grain)
- Perimeter fence (document height, condition, and materials)
- Entrance to facility
- Graphics
- Newest exhibit
- Oldest exhibit
- Animal enrichment
- Capture equipment/animal handling equipment
- Off-site animal transportation vehicle(s)
- Off-site animal program(s)
- Winter animal quarters
- Locking/pin system for Class I animal shift doors (example: door to move animal between exhibit and holding area, door to shift animal between stalls)



**Compliance with ZAA Accreditation Standards**

The numbers in the following sections correspond with the ZAA Accreditation Standards.

Include additional comments and details in the comment boxes at the end of each section.

Please provide an explanation for all “no” answers in the comment boxes.

\* Indicates where additional documents will need to be provided.

**1.1 Animal Welfare, Care & Management**

**1.1.1 Animal Welfare, Care & Management | Laws & Regulations**

78. Facility should have or create an Animal Collection Plan (ACP) or Master Plan to guide future acquisitions and dispositions. \*

*Mark only one oval.*

Yes

No

79. 1.1.1.1 If no, provide an explanation.

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80. Additional comments on 1.1.1 Animal Welfare, Care & Management | Laws & Regulations:

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**1.1.2 Animal Welfare, Care & Management | General**

81. 1.1.2.1 The facility complies with all laws and/or regulations, including those specific to wildlife. \*

*Mark only one oval.*

Yes

No

82. 1.1.2.1 If no, how does the facility determine long-term planning?

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83. 1.1.2.1 Animal Care Program (ACP) or other long-term planning documents.

*Mark only one oval.*

If applicable, I understand that I will be required to submit these files.

84. 1.1.2.2 Written Acquisition and Disposition Policy. Include Policy on Selling Animals as Pets. \*

*Mark only one oval.*

I understand that I will be required to submit these files.

85. 1.1.2.3 Facility provides staff access to ZAA standards, professional training and development tools? \*

*Mark only one oval.*

Yes

No

86. 1.1.2.3 Provide examples of professional development provided to staff. \*

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87. Additional comments on 1.1.2 Animal Welfare, Care & Management | General:

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**1.1.3 Animal Welfare, Care & Management | Records**

88. 1.1.3.1 Describe the zoological records management system for managing animal records, veterinary records, and other relevant information. \*

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89. 1.1.3.1 Check all that are recorded: \*

*Check all that apply.*

- Acquisition/Disposition
- Health Records
- Necropsy Report
- Specimen Identification
- Reproductive Information
- Veterinary Care

90. 1.1.3.2 The facility's animal inventory is compiled annually and includes information on all animal acquisitions, dispositions, and transfers during the year? \*

*Mark only one oval.*

- Yes
- No

91. 1.1.3.3 The facility's inventory includes all species owned or on loan to the facility. \*

Mark only one oval.

Yes

No

92. 1.1.3.4 All animals at the facility are identifiable and have corresponding ID that is tied to the animal's record. \*

Mark only one oval.

Yes

No

93. 1.1.3.4 If no, provide an explanation:

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94. 1.1.3.4 Explain how record keeping is maintained for facility animals maintained in colonies/groups or not considered readily identifiable. \*

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95. 1.1.3.4 Facility utilizes which ID methods: \*

Check all that apply.

Ear notches

Leg band

Photo

Tag

Tattoo

Transponder ID

Other

96. 1.1.3.5 Facility animal records, including medical, research, legal transfer, transport, title, permitting information and veterinary records, are kept in: \*

*Check all that apply.*

- Electronic form
- Paper form

97. 1.1.3.5 Describe backup system. \*

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98. 1.1.3.5 The facility's zoological records management system is managed by which staff? \*

Include name(s) and title(s).

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99. 1.1.3.5 Facility's records are kept current? \*

*Mark only one oval.*

- Yes
- No

100. 1.1.3.5 Facility's animal records are updated: \*

*Check all that apply.*

- Daily
- Weekly
- Monthly

101. 1.1.3.6 Describe training provided for all staff who record data directly into the facility's zoological data records system (registrars, animal care specialists, vets, etc.) to ensure consistent data entry and data management. \*

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102. 1.1.3.7 Facility provides all data/records for animal, including any historical data from previous holding facilities, when specimen is transferred to another facility. \*

*Mark only one oval.*

Yes

No

103. 1.1.3.8 Facility submits all data to the studbook keeper, for ZAA Animal Management Plan (AMP) species as requested. \*

*Mark only one oval.*

Yes

No

104. 1.1.3.8 If no, please explain.

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105. Additional comments on 1.1.3 Animal Welfare, Care & Management | Records.

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106. 1.1.4.1 Facility maintains all animals in safe and sanitary conditions and not in a manner which results in neglect, maltreatment, or a threat to public safety. \*

*Mark only one oval.*

Yes

No

107. 1.1.4.2 Describe the facility's animal welfare process and how welfare assessments are conducted. \*

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108. 1.1.4.3 Facility animal areas, enclosures and holding areas are safe for the animals and meet their physical and psychological needs. \*

*Mark only one oval.*

Yes

No

109. 1.1.4.4 Facility animals are kept in appropriate social groupings which meet their social and welfare needs. \*

*Mark only one oval.*

Yes

No

110. 1.1.4.4 If no, please explain.

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111. 1.1.4.5 Facility provides accommodations from weather or other conditions clearly known to be detrimental to animal health or welfare, including cold and heat. \*

*Mark only one oval.*

Yes

No

112. 1.1.4.6 Describe the process for identifying, communicating, and addressing animal welfare concerns with staff. \*

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113. 1.1.4.6 Written Policy on Addressing Animal Welfare Concerns. \*

*Mark only one oval.*

I understand that I will be required to submit these files.

114. 1.1.4.7 If applicable, describe the program for monitoring water quality for aquarium fish and marine mammals.

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115. 1.1.4.7 If applicable, assert that facility maintains records to document long-term water quality results.

*Mark only one oval.*

Yes

No

116. 1.1.4.7 Written Policy on Program for Water Quality Monitoring and Record-Keeping.

*Mark only one oval.*

If applicable, I understand that I will be required to submit these files.



117. 1.1.4.8 Facility's critical life-support system(s) equipped with warning mechanism. \*

*Mark only one oval.*

Yes

No

118. 1.1.4.8 Facility maintains an emergency backup system. \*

*Mark only one oval.*

Yes

No

119. 1.1.4.8 Facility's emergency backup system is tested periodically. \*

*Mark only one oval.*

Yes

No

120. 1.1.4.8 Facility keeps records on critical life-support system(s). \*

*Mark only one oval.*

Yes

No

121. 1.1.4.8 Facility staff are trained to maintain critical life-support systems. \*

*Mark only one oval.*

Yes

No

122. 1.1.4.8 Facility maintains a record of staff training to maintain equipment. \*

*Mark only one oval.*

Yes

No

123. 1.1.4.8 Does the facility have a third-party maintenance agreement? \*

*Mark only one oval.*

Yes

No

124. 1.1.4.9 Facility animals housed in long-term or permanent indoor facilities are provided with an appropriate UV spectrum for the species. \*

*Mark only one oval.*

Yes

No

125. 1.1.4.10 Facility provides sufficient shade by natural or artificial means to allow all animals kept outdoors are protected from direct sunlight? \*

*Mark only one oval.*

Yes

No

126. 1.1.4.11 Facility provides animals with clean water source and drinking water daily. Reptiles and Amphibians are provided with water in a manner appropriate to ensure their health and welfare. \*

*Mark only one oval.*

Yes

No

127. 1.1.4.11 If no, please explain.

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128. 1.1.4.12 Facility habitats and enclosures provide drainage for surface water. \*

*Mark only one oval.*

Yes

No

129. 1.1.4.12 If no, please explain.

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130. 1.1.4.13 Does facility house elephants? \*

*Mark only one oval.*

Yes

No

131. 1.1.4.13 If the facility houses elephants, does it meet the ZAA Standards for Elephant Care and Management?

*Mark only one oval.*

Yes

No

132. 1.1.4.15 The facility conducts all animal transport in a manner that is safe, well-coordinated and implemented, minimizing risk to the animals, staff and public. All applicable laws and regulations are followed. \*

*Mark only one oval.*

Yes

No

133. Additional comments on 1.1.4 Animal Welfare, Care & Management | Animal Welfare.

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**1.1.5 Animal Welfare, Care & Management | Contact Area/Temporary/Seasonal or Traveling Live Animal Exhibits**

134. 1.1.5 Does facility have animal contact areas between humans and animals? \*

*Mark only one oval.*

Yes

No

135. 1.1.5 List Contacts Areas & Species (example: animal rides, feeding, etc.) or type N/A. \*

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136. 1.1.5.1 Facility animal contact areas (petting zoos, touch tanks, etc.) are supervised by trained staff? \*

*Mark only one oval.*

Yes

No

N/A

137. 1.1.5.1 If no, please explain.

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138. 1.1.5.2 Are temporary, seasonal, and traveling live animal exhibits, programs, or presentations (regardless of ownership or contractual arrangements) presented and maintained at the equivalent level of care as the facility's permanent resident animals with foremost attention to animal welfare considerations? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

139. 1.1.5.2 Does the facility have in-house animal rides? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

140. 1.1.5.2 If yes, does housing & husbandry meet the equivalent level of care as the facility's permanent collection?

*Mark only one oval.*

- Yes  
 No

141. 1.1.5.2 Does the facility have third party contracted animal rides/presentations? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

142. 1.1.5.2 If yes, does the third party meet all applicable ZAA standards for animal welfare and care?

*Mark only one oval.*

- Yes  
 No

143. 1.1.5.2 Describe quarantine to avoid contamination between contract and collection animals or type N/A. \*

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144. Additional comments on 1.1.5 Animal Welfare, Care & Management | Contact Area/Temporary/Seasonal or Traveling Live Animal Exhibits.

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**1.1.6 Animal Welfare, Care & Management | Enrichment and Husbandry Training**

145. 1.1.6.1 Facility has formal species-specific animal enrichment programs which includes animal history, husbandry, evidence-based practices, that enhance animal welfare. \*

*Mark only one oval.*

Yes

No

146. Who at the facility is assigned to animal enrichment program oversight, implementation and assessment as well as record keeping, and modification based on results? \*

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147. 1.1.6.1 Documented Animal Enrichment Program. \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

148. 1.1.6.2 The facility has formal species-specific animal husbandry training programs which include animal history, husbandry, evidence-based practices, and veterinary procedures that enhance animal welfare. \*

*Mark only one oval.*

Yes

No

149. 1.1.6.2 Documented Animal Training Program. \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

150. Who at the facility is assigned to animal training program oversight? \*

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151. Additional comments on 1.1.6 Animal Welfare, Care & Management | Enrichment & Husbandry Training.

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**1.1.7 Animal Welfare, Care & Management | Marine Mammal Care Standards**

152. 1.1.7.1 Does the facility hold marine mammals (including but not limited to cetacean, pinniped, and sirenian)? \*

*Mark only one oval.*

Yes

No

153. 1.1.7.1 Facility has: \*

*Check all that apply.*

- Veterinarian (staff) on site.
- Contracted veterinarian within a reasonable distance from the facility?

154. 1.1.7.2 The facility considers environmental conditions and animal needs, to promote positive health and welfare for marine mammals. \*

*Mark only one oval.*

- Yes
- No
- N/A

155. 1.1.7.2 The facility's marine mammals are protected from environmental conditions as well as provided with adequate lighting and air quality when housed indoors. \*

*Mark only one oval.*

- Yes
- No
- N/A

156. 1.1.7.3 Marine mammal species-specific needs dictate the size and architecture of the habitat to enhance the animal's physical, psychological, and behavioral well-being. \*

*Mark only one oval.*

- Yes
- No
- N/A

157. 1.1.7.4 Facility pool size(s) satisfy the needs of marine mammals for physical exercise, opportunity to engage in natural behaviors and constructive social interaction. \*

*Mark only one oval.*

- Yes
- No
- N/A



158. 1.1.7.5 Facility pool surface area(s), volume and depth are appropriate for the marine mammal species being held. \*

*Mark only one oval.*

Yes

No

N/A

159. 1.1.7.6 Facility provides separate accommodations for pregnant and/or parent/offspring marine mammals. \*

*Mark only one oval.*

Yes

No

N/A

160. 1.1.7.7 Facility only isolates gregarious marine mammal species, when strictly necessary. \*

*Mark only one oval.*

Yes

No

N/A

161. 1.1.7.7 The facility provides appropriate accommodations and enrichment during separation. \*

*Mark only one oval.*

Yes

No

N/A

162. 1.1.7.7 Is there a policy for isolating social marine mammals? \*

*Mark only one oval.*

Yes

No

N/A

163. 1.1.7.7 If yes, provide the Policy for Marine Mammal Isolation.

*Mark only one oval.*

\*If applicable, I understand that I will be required to submit these files.

164. 1.1.7.8 Does facility primary pool have a dry working area for conducting training and/or veterinary procedures? \*

*Mark only one oval.*

Yes

No

N/A

165. 1.1.7.9 Does the facility have at least one lifting platform or alternative way to approach a sick, newborn or young cetacean quickly? \*

*Mark only one oval.*

Yes

No

N/A

166. 1.1.7.10 Do facility pinnipeds have access to both water and land at will, at all times, unless under treatment or observation approved by a veterinarian? \*

*Mark only one oval.*

Yes

No

N/A

167. 1.1.7.11 In facilities with mixed sex groups of pinnipeds, is a separate maternity area for mothers with a pool and dry area available? \*

*Mark only one oval.*

Yes

No

N/A

168. 1.1.7.11 Where multiple mature male pinnipeds, are there separate areas with sufficient visual barriers to provide relief from aggression? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

169. 1.1.7.12 Facility's water quality is monitored and managed in keeping with USDA Regulations. \*

*Mark only one oval.*

- Yes  
 No  
 N/A

170. Additional comments on 1.1.7 Animal Welfare, Care & Management | Marine Mammal Care Standards.

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**1.1.8 Animal Welfare, Care & Management | Commercial Collectors**

171. 1.1.8.1 Facility makes a good faith effort to determine whether commercial collectors are properly permitted to conduct legal collections of animals (including aquatic animals) and the collection is done in a sustainable manner? \*

*Mark only one oval.*

- Yes  
 No

172. Additional comments on 1.1.8 Animal Welfare, Care & Management | Commercial Collectors.

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**1.1.9 Animal Welfare, Care & Management | Public Contact Animals**

173. Does facility programming include public contact with animals? \*

*Mark only one oval.*

Yes

No

174. 1.1.9.1 The facility evaluates the welfare of all animals that come in contact with the public, to ensure compatibility with programming. \*

*Mark only one oval.*

Yes

No

N/A

175. 1.1.9.1 The facility features wildlife in a manner that prevents injury to the public and the wildlife. \*

*Mark only one oval.*

Yes

No

N/A

176. 1.1.9.1 Does Class I wildlife come into physical contact with the visiting public? \*

*Mark only one oval.*

Yes

No

N/A

177. 1.1.9.1 Is the physical contact in accordance with [ZAA Standards for Public Contact with Class I Wildlife](#)? \*

*Mark only one oval.*

Yes

No

N/A

178. 1.1.9.2 Facility takes reasonable sanitary precautions to minimize the likelihood of disease or parasite transmission. \*

*Mark only one oval.*

Yes

No

N/A

179. Additional comments on 1.1.9 Animal Welfare, Care & Management | Public Contact Animals.

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**1.2 Veterinary Care Program**

**1.2.1 Veterinary Care Program | General**

180. 1.2.1.1 Does the facility refer to the Guidelines for Zoo and Aquarium Veterinary Medical Programs and Veterinary Hospitals and the policies developed or supported by the American Associate of Zoo Veterinarians and AVMA? \*

*Mark only one oval.*

Yes

No

181. 1.2.1.2 Facility has a written Program of Veterinary Care (PVC)? \*

*Mark only one oval.*

Yes

No

182. 1.2.1.2 Components of written Program of Veterinary Care (PVC) \*

*Check all that apply.*

Preventative medicine schedule

Vaccines

Parasite exam

Routine exams

183. 1.2.1.2 The Program of Veterinary Care (PVC) or the Preventative Medicine Program document (if different from PVC). \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

184. 1.2.1.3 Facility has protocol to protect animals during periodic disease outbreaks in the wild or other domestic or exotic animal populations (example: Avian Influenza, Eastern Equine Encephalitis Virus, etc.)? \*

*Mark only one oval.*

Yes

No

185. 1.2.1.4 The facility maintains complete medical records on all animals. \*

*Mark only one oval.*

Yes

No

186. 1.2.1.5 Facility has a written Program of Psychological Wellbeing for any singly housed primates and/or behaviorally compromised primates. \*

*Mark only one oval.*

Yes

No

N/A

187. 1.2.1.5 Program of Psychological Wellbeing for Singly Housed Primates.

*Mark only one oval.*

\*If applicable, I understand that I will be required to submit these files.

188. Additional comments on 1.2.1 Veterinary Care Program | General:

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**1.2.2 Veterinary Care Program | Staff and Facilities**

189. 1.2.2.1 The facility has a full-time (*staff*) licensed veterinarian (with zoo animal experience) or an experienced zoo veterinarian under contract to serve as the veterinarian for the animal collection. \*

*Mark only one oval.*

Yes

No

190. 1.2.2.1 Facility has veterinary coverage available 24hrs/day, 7 days/week to provide immediate response to any indication of disease, injury or stress to an animal. \*

*Mark only one oval.*

Yes

No

191. 1.2.2.2 The facility has trained staff to aid in day-to-day animal health observations and routine care. \*

*Mark only one oval.*

Yes

No

192. 1.2.2.3 The facility has protocol to communicate with the veterinarian and document medical concerns. \*

*Mark only one oval.*

Yes

No

193. 1.2.2.4 Facility has a dedicated area to conduct minor/major vet procedures. \*

Mark only one oval.

Yes

No

194. 1.2.2.5 Facility has the ability/protocol to safely transport animals to a local veterinary clinic for exam/surgery, as needed. \*

Mark only one oval.

Yes

No

195. Provide: Name, address, phone number, affiliation (clinic name) of your veterinarian(s) and whether they are staff or contract. \*

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196. Additional comments 1.2.2 Veterinary Care Program | Staff and Facilities:

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**1.2.3 Veterinary Care Program | Pharmaceuticals**

197. 1.2.3.1 Facility's contracted veterinarian is responsible for prescribing or coordinating the prescription, storage, distribution and use of all animal prescription drugs in a fashion that complies with all applicable laws and regulations. \*

Mark only one oval.

Yes

No



198. 1.2.3.2 Facility provides written protocol(s) to animal care staff for the use of prescribed drugs. \*

*Mark only one oval.*

Yes

No

199. Protocol on Staff use of Prescribed Drugs \*

*Mark only one oval.*

I understand that I will be required to submit this file WITH MY APPLICATION.

200. 1.2.3.2 Facility stores and secures drugs appropriately. \*

*Mark only one oval.*

Yes

No

201. 1.2.3.3 Facility's controlled drugs are stored in an appropriate secured locked container. \*

*Mark only one oval.*

Yes

No

202. 1.2.3.4 Facility's trained emergency/capture staff always have access to appropriate chemical immobilization drugs. \*

*Mark only one oval.*

Yes

No

203. Additional comments on 1.2.3 Veterinary Care Program | Pharmaceuticals:

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**1.2.4 Veterinary Care Program | Equipment**

204. 1.2.4.1 The facility's capture equipment, remote drug delivery systems, is in working order and available to authorized, trained personnel at all times. \*

*Mark only one oval.*

Yes

No

205. 1.2.4.2 Facility has emergency drug doses, for all dangerous animals in the collection with chemical immobilization drugs. \*

*Mark only one oval.*

Yes

No

206. 1.2.4.2 Facility maintains dosage list, with remote drug delivery system. \*

*Mark only one oval.*

Yes

No

207. 1.2.4.3 Facility has or has access to diagnostic, monitoring, lab, and radiographic equipment. \*

*Mark only one oval.*

Yes

No

208. Additional comments on 1.2.4 Veterinary Care Program | Equipment.

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**1.2.5 Veterinary Care Program | Preventative Medicine**

209. 1.2.5.1 Facility's preventative medicine program documents frequency of the physical examinations, vaccinations, and parasite screening program. \*

*Mark only one oval.*

Yes

No

210. 1.2.5.2 Facility Animal Care staff trained to assess animal welfare, normal and abnormal behavior, have knowledge of the animal's natural history and diets, and restraint procedures. \*

*Mark only one oval.*

Yes

No

211. Additional comments on 1.2.5 Veterinary Care Program | Preventative Medicine.

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**1.2.6 Veterinary Care Program | Nutrition**

212. 1.2.6.1 Facility's animal food preparation areas and storage meet all applicable laws and/or regulations. \*

*Mark only one oval.*

Yes

No

213. 1.2.6.2 Facility follows a written nutrition program, based in science, that includes quality and quantity that meets the behavioral and nutritional needs for all animals? \*

The Nutrition Program document is to be shown to inspectors at the time of inspection.

*Mark only one oval.*

Yes

No

214. 1.2.6.3 Facility stores animal food and human food in different locations. \*

*Mark only one oval.*

Yes

No

215. 1.2.6.4 Facility identifies, research and reviews safety of all browse plants used for diet(s) or enrichment with any animal. \*

*Mark only one oval.*

Yes

No

216. 1.2.6.5 Facility provides written record of all browse plants approved for each animal species. \*

*Mark only one oval.*

Yes

No

217. 1.2.6.6 Facility inspects for presence of potentially toxic plant risk, exposure near habitats. \*

*Mark only one oval.*

Yes

No

218. 1.2.6.6 Facility staff is trained to recognize potential browse. \*

*Mark only one oval.*

Yes

No

219. How are diets developed for the collection? \*

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220. Additional comments on 1.2.6 Veterinary Care Program | Nutrition?

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**1.2.7 Veterinary Care Program | Quarantine**

221. 1.2.7.1 Facility has holding facilities, isolation facilities, and protocol(s) for the quarantine of new acquisitions and treatment of sick or injured animals. \*

*Mark only one oval.*

Yes

No

222. 1.2.7.2 Facility staff working with quarantined animals are familiar with quarantine protocol(s)? \*

*Mark only one oval.*

Yes

No

223. 1.2.7.2 Provide quarantine protocol(s). \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

224. 1.2.7.3 Facility quarantine, hospital, and isolation areas are in accordance with Guidelines for Zoos and Aquarium Veterinary Medical Programs and Veterinary Hospitals developed by the AAZV. \*

*Mark only one oval.*

Yes

No

225. Additional comments on 1.2.7 Veterinary Care Program | Quarantine:

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**1.2.8 Veterinary Care Program | Pest Control**

226. 1.2.8.1 The facility's pest control program is documented and managed in a manner that animals, staff, public and wildlife are not threatened by the pest, contamination from the pest, or the control method(s) used. \*

*Mark only one oval.*

Yes

No

227. 1.2.8.1 Facility's pest control program methods comply with all laws and regulations while not threatening the health and wellbeing of the animals, staff and/or visitors? \*

*Mark only one oval.*

Yes

No

228. Additional comments on 1.2.8 Veterinary Care Program | Pest Control:

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**1.2.9 Veterinary Care Program | Necropsy**

229. 1.2.9.1 Facility performs necropsies, as needed, to determine cause of death for tracking morbidity and mortality trends, in order to strengthen the program of veterinary care. \*

*Mark only one oval.*

Yes

No

230. 1.2.9.2 Are necropsies performed in a manner that minimizes disease exposure to animal collection, staff, and guests? \*

*Mark only one oval.*

Yes

No

231. 1.2.9.3 Are animal remains disposed of in accordance with all applicable laws and regulations? \*

*Mark only one oval.*

Yes

No

232. Additional comments on 1.2.9 Veterinary Care Program | Necropsy.

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**1.2.10 Veterinary Care Program | Euthanasia Policy**

233. 1.2.10.1 Does the facility follow current AVMA or AAZV guidelines for the Euthanasia of Animals? \*

*Mark only one oval.*

Yes

No

234. Additional comments on 1.2.10 Veterinary Care Program | Euthanasia Policy.

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**1.3 Conservation Program**

**1.3.1 Conservation Program | General**

235. 1.3.1.1 Does the facility follow a written conservation action plan/strategy? \*

*Mark only one oval.*

Yes

No

236. 1.3.1.1 If yes, does the plan include components outlining the facility's conservation practices, such as in situ conservation efforts, natural resource conservation and sustainability/green practices, and conservation education and advocacy programs?

*Mark only one oval.*

Yes

No

237. 1.3.1.1 Does the facility participate in and contribute to a local, regional or international wildlife conservation program as well as monitor the impact of the effort on that program? \*

*Mark only one oval.*

Yes

No



238. 1.3.1.1 Describe facility's recent or current green initiatives. (Example: storm water, solar pv, solar thermal, wind, recycling, etc.) \*

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239. Additional comments on 1.3.1 Conservation Program | General:

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**1.3.2 Conservation Program | AMP Participation/Support**

240. 1.3.1.1 List all cooperative breeding programs in which the facility participates. (Example: Fish & Wildlife, SSP, AMP.) \*

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241. 1.3.2.1 Does the facility currently participate in each AMP program that pertains to an animal belonging to the facility? \*

*Mark only one oval.*

Yes

No

242. 1.3.2.1 If not, will the facility participate in each AMP that pertains to an animal belonging to the facility? \*

*Mark only one oval.*

Yes

No

N/A

243. Additional comments on 1.3.2 Conservation Program | AMP Participation/Support:

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**1.4 Education and Interpretation**

**1.4.1 Education and Interpretation | General**

244. Does the facility offer education programs for visitors? \*

*Mark only one oval.*

Yes

No

245. If yes, what kind of education programs does the facility offer for visitors?

*Check all that apply.*

On-site

Off-site

246. Who performs interpretive programs (owner, paid staff, volunteers)?

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247. How are they trained?

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248. 1.4.1.1 Is education and conservation a key component of the facility's mission and goals? \*

*Mark only one oval.*

Yes

No

249. 1.4.1.2 Does the facility have a written education plan that includes goals and objectives? \*

*If yes, this document is to be submitted WITH YOUR APPLICATION.*

*Mark only one oval.*

Yes

No

250. 1.4.1.2 Do graphics, signage and AV technology support the educational mission of the facility? \*

*Mark only one oval.*

Yes

No

251. 1.4.1.3 Facility researches, evaluates and implements scientific studies that pertain to the animals in their collection. \*

*Mark only one oval.*

Yes

No

252. 1.4.1.3 Facility measures and evaluates the efficacy of graphics and programs for modifications needed to better serve the facility's animals, conservation and/or education messaging. \*

*Mark only one oval.*

Yes

No

253. Additional comments on 1.4.1 Education and Interpretation | General.

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**1.4.2 Education and Interpretation | Ambassador and Education Animals**

254. 1.4.2.1 Are Animal Ambassadors featured in programming? \*

*\*If yes, provide Animal Ambassador Policy.*

Mark only one oval.

Yes

No

255. 1.4.2.1 Animal Ambassador Policy.

Mark only one oval.

\*If applicable, I understand that I will be required to submit these files.

256. 1.4.2.1 If animals are used in offsite education programs, does the facility have written protocols to protect the rest of the animals at the facility from exposure to infectious agents? \*

Mark only one oval.

Yes

No

N/A

257. 1.4.2.2 Ambassador Animal programs messaging includes: \*

*\*Provide supporting documents.*

Check all that apply.

Education

Conservation

Welfare

N/A

258. 1.4.2.2 Ambassador Animal Program supporting documents.

*Mark only one oval.*

\*If applicable, I understand that I will be required to submit these files.

259. 1.4.2.3 Facility always ensures human and Animal Ambassador safety/welfare. Facility staff are trained in facility Animal Ambassador handling protocols. (Example: Staff Animal Handling SOP). \*

***\*Staff Animal Handling document(s) to be shown to inspectors at the time of inspection.***

*Mark only one oval.*

Yes

No

N/A

260. 1.4.2.4 Facility Animal Ambassadors (whether on-site or off-site) are presented, housed, and maintained with the same level of care as the facility's static animal collection with foremost attention to animal welfare considerations. \*

*Mark only one oval.*

Yes

No

N/A

261. 1.4.2.5 Facility Animals Ambassadors are maintained in appropriate housing that meets their physical, social, and psychological needs. Consideration is given to the amount of time that an animal is engaged in programming with respect to its physical, social and psychological needs. \*

*Mark only one oval.*

Yes

No

N/A

262. 1.4.2.6 The Facility's Ambassador & Education Animals Policy includes a limit to the amount of time Animal Ambassadors may be engaged in programs and or encounters. \*

*Mark only one oval.*

- Yes  
 No  
 N/A

263. 1.4.2 Describe facility off hour programs (night, sleepover, concert, etc.), access to animal areas, exposure to the animals during off-hours (hours, how often, length of time), meeting photo period requirements of animals, light and sound impacts on the animals. \*

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264. Additional comments on 1.4.2 Education and Interpretation | Ambassador Animals.

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**1.5 Physical Facilities**

265. 1.5.1.1 The facility practices routine good housekeeping and is well maintained. \*

*Mark only one oval.*

- Yes  
 No

266. 1.5.1.2 The facility has a preventative maintenance program, which outlines how the facility identifies and addresses maintenance, and a schedule including corrective maintenance and improvements. \*

*Mark only one oval.*

- Yes  
 No

267. 1.5.2.1 Facility equipment is maintained and in working order. \*

*Mark only one oval.*

Yes

No

268. 1.5.2.2 The facility has a policy for the systems and methods of fire protection and security, including routine maintenance and safety checks and compliance with all local building codes, including fire extinguishers, sprinkler systems, etc. \*

*Mark only one oval.*

Yes

No

269. 1.5.3.1 Facility lighting is sufficient in all indoor facilities, including indoor night houses and exhibits with a means of emergency lighting where needed. \*

*Mark only one oval.*

Yes

No

270. 1.5.3.2 Facility ventilation is sufficient in all indoor facilities, including animal holding, to minimize odor and provide air exchange. \*

*Mark only one oval.*

Yes

No

271. 1.5.3.3 Facility animal areas consider animal welfare, meet and/or exceed ZAA requirements, and conform to standards and requirements set by all applicable laws and regulations? \*

*Mark only one oval.*

Yes

No

272. 1.5.3.4 Facility provides animals protection from excessive heat or cold and availability of sufficient shade and shelter is provided for the welfare and comfort of the animals. \*

*Mark only one oval.*

Yes

No

273. 1.5.4.1 Facility provides adequate lighting in public buildings. \*

*Mark only one oval.*

Yes

No

274. 1.5.4.1 Facility's public areas are free of debris, well maintained and free of hazards. \*

*Mark only one oval.*

Yes

No

275. Additional comments on 1.5 Physical Facilities:

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**1.6 Safety & Security for Staff**

**1.6.1 Safety & Security for Staff | General**

276. 1.6.1.1 Facility follows all applicable laws and regulations regarding employee and volunteer training for safety in the workplace. \*

*Mark only one oval.*

Yes

No



277. 1.6.1.2 The facility has an appropriate occupational health and safety program. \*

*Mark only one oval.*

Yes

No

278. 1.6.1.2.1 The facility has protocols to minimize transference of zoonotic disease to/from animals and staff or visitors. \*

***\*Provide zoonotic disease policy.***

*Mark only one oval.*

Yes

No

279. 1.6.1.2.1 Zoonotic Disease Policy \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

280. 1.6.1.2.1 Facility provides staff training on protocols to minimize the risk of zoonotic disease. \*

*Mark only one oval.*

Yes

No

281. 1.6.1.3 Facility staff working with toxic/hazardous materials are trained in the proper handling, labeling, and storage of materials per applicable laws and regulations? \*

*Mark only one oval.*

Yes

No

282. 1.6.1.4 Facility staff properly label and stores flammable materials. \*

*Mark only one oval.*

Yes

No

283. 1.6.1.5 Facility makes Safety Data Sheets easily accessible to staff (paper or electronically) per local and state laws and federal regulations. \*

*Mark only one oval.*

Yes

No

284. 1.6.1.6 The facility has safety measures in place for visiting public. \*

*Check all that apply.*

Hand wash/sanitizer

Emergency evacuation

First aid stations

Sanitation device or sink in animal contact areas

285. 1.6.1.7 Describe the facility's security protocol. (Example: monitored camera surveillance, live-on property management, staff or contracted security personnel.) \*

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286. Additional comments on 1.6.1 Safety & Security for Staff | General:

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**1.6.2 Safety & Security for Staff | Emergency Procedures**

287. 1.6.2.1 How does the facility involve local law enforcement and other emergency services with planning, drills, and training? \*

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288. 1.6.2.2 Facility conducts emergency drills, records and evaluates. \*

*Mark only one oval.*

Yes

No

289. 1.6.2.2 Which type of drills does the facility use? \*

*Check all that apply.*

Simulated/interactive exercise

Recreating a situation

Tabletop exercise

Analysis of the response to a recent emergency

290. 1.6.2.2.1 Facility conducts the following drills: \*

***\*Have documentation available during the accreditation inspection.***

*Check all that apply.*

Fire

Environmental emergency appropriate to the region

Injury to visitor or staff

Animal escape

Venomous animal bite, if applicable

Active shooter

Emergency evacuation of guests

Diver extraction drill, if applicable

291. 1.6.2.3 Facility has appropriate emergency supplies, written protocols and staff training for emergency situations. \*

***\*Provide emergency protocols.***

*Mark only one oval.*

Yes

No

292. 1.6.2.3 Emergency Protocols \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

293. 1.6.2.3.1 The facility has appropriate alarms and fire extinguishers available. \*

*Mark only one oval.*

Yes

No

294. 1.6.2.3.1 The facility provides training for all staff. \*

*Mark only one oval.*

Yes

No

295. 1.6.2.3.2 The facility has written protocol for first aid and other health emergencies. \*

***\*Provide first aid protocols.***

*Mark only one oval.*

Yes

No

296. 1.6.2.3.2 First Aid Protocols \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

297. 1.6.2.3 The facility has a communication system that can be quickly accessed in case of an emergency. \*

Mark only one oval.

Yes

No

298. 1.6.2.3 Describe communication system. \*

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299. 1.6.2 List any serious animal-related injuries and describe corrective measures taken to prevent future occurrences. \*

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300. 1.6.2 List any animal escapes in the last 5 years and describe corrective measures taken to prevent future escape. \*

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301. Additional comments on 1.6.2 Safety & Security for Staff | Emergency Procedures:

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**1.6.3 Safety & Security for Staff | Facilities/Animal Exhibits**

302. 1.6.3.1 Facility animal habitats/holding areas are secured to prevent unintentional animal egress? \*

*Mark only one oval.*

Yes

No

303. 1.6.3.1.1 Facility shift doors, gates, human access doors, double-door safe entry systems, habitat barrier dimensions and construction, and locking/latching mechanisms provide safety for staff, visitors, and animals. \*

*Mark only one oval.*

Yes

No

304. 1.6.3.1.1 Facility service doors, locks, latching mechanisms, and shift doors are in good working order. \*

*Mark only one oval.*

Yes

No

305. 1.6.3.2 Facility habitat service areas are safely lighted, free of debris/hazards and provide space to allow for safe servicing? \*

*Mark only one oval.*

Yes

No

306. 1.6.3.4 Facility electrical service in all wet environments, aquatic exhibits, and associated service areas equipped with ground fault circuit interrupters (GFI). \*

*Mark only one oval.*

Yes

No

307. 1.6.3.5 Facility's public access areas, gates/doors are unobstructed and meet all applicable laws and regulations. \*

*Mark only one oval.*

Yes

No

308. 1.6.3.6 Facility guardrails/barriers are sufficient distance from habitats and designed to deter public contact with animals where such contact is not intended. \*

*Mark only one oval.*

Yes

No

309. 1.6.3.7 Facility animal habitats are sufficiently strong and structurally designed to prevent escape and to protect the animal from injury. \*

*Mark only one oval.*

Yes

No

310. 1.6.3.9 Facility observes safe electrical delivery practices. \*

*Mark only one oval.*

Yes

No

311. Additional comments on 1.6.3 Safety & Security for Staff | Facilities/Animal Exhibits:

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**1.6.4 Safety & Security for Staff | Risk Management**

312. 1.6.4 Risk Management Plan \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

**1.6.5 Safety & Security for Staff | Facilities/Animal Exhibits**

313. Does the facility maintain venomous animals? \*

*Mark only one oval.*

Yes

No

314. 1.6.5.1 Does the facility have an appropriate anti-venom plan that includes availability, location and administration information? \*

*Mark only one oval.*

Yes

No

N/A

315. 1.6.5.2 Are appropriate antivenin(s) readily available? \*

***\*Provide venomous animal protocol.***

*Mark only one oval.*

Yes

No

N/A

316. 1.6.5.2 Venomous Animal Protocol.

*Mark only one oval.*

\*If applicable, I understand that I will be required to submit these files.



317. 1.6.5.2 Does staff working in venomous animal areas know the antivenin's access/location? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

318. 1.6.5.2 Is an individual responsible for the inventory/disposal/replacement, and storage of antivenin? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

319. 1.6.5.2 Name of individual responsible for the inventory/disposal/replacement, and storage of antivenin, or N/A: \*

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320. 1.6.5.2.1 Does the facility ensure that appropriate antivenins are available locally for all venomous species maintained at facility and for which antivenin is produced? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

321. 1.6.5.2.1 Does the facility rely on the antivenin supply at local hospitals and treatment facilities? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

322. 1.6.5.2.1 If yes, does the facility guarantee these inventories are maintained adequately? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

323. 1.6.5.2.1 Are the arrangements formally documented? \*

ZAA Standards require that an MoU be in place. Provide to inspectors during inspection.

*Mark only one oval.*

- Yes  
 No  
 N/A

324. 1.6.5.3 Does the facility maintain potentially dangerous animals such as elephants, killer whales, sharks, venomous animals, and others? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

325. 1.6.5.3 If yes, does the facility have appropriate safety policies/protocols in place to prevent attack/injury by these animals? \*

*Mark only one oval.*

- Yes  
 No  
 N/A

326. 1.6.5.3.1 Facility has an appropriate protocol to respond to an unintentional encounter resulting in injury to a human. \*

*Mark only one oval.*

- Yes  
 No

327. 1.6.5.3.2 Facility investigates, documents, evaluates incidents and identifies and lists corrective action(s) to prevent similar incidents in the future. \*

*\*Provide incident reporting policy.*

*Mark only one oval.*

Yes

No

328. 1.6.5.3.2 Incident Reporting Policy \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

329. 1.6.5.4 All areas housing venomous animals, or dangerous (such as elephants, killer whales, sharks, venomous animals, large carnivores and others) are equipped with either appropriate alarm systems, and/or have protocols to notify staff in the event of a human injury or an accidental animal egress from the habitat. \*

*Mark only one oval.*

Yes

No

N/A

330. Contact with Class I animals: \*

*Check all that apply.*

Restricted contact with staff.

Unrestricted contact with staff.

Restricted contact with the public.

Unrestricted contact with the public.

No contact.

N/A

331. Describe any staff and public contact with Class I animals, if applicable. \*

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332. Additional comments on 1.6.5 Safety & Security for Staff | Facilities/Animal Exhibits:

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**1.6.6 Safety & Security for Staff | Security/Firearms**

333. 1.6.6.1 The facility has appropriate security protocols in place. \*

*\*Share with inspectors during inspection.*

Mark only one oval.

Yes

No

334. 1.6.6.1 If the facility is holding dangerous animals, has a trained firearms team been established? \*

Mark only one oval.

Yes

No

N/A

335. 1.6.6.2 Firearms are stored in a locked cabinet of sufficient construction and design to impede unauthorized entry and which is located in secure area, always accessible to trained firearms team. \*

Mark only one oval.

Yes

No

336. 1.6.6.3.2 Firearms Team members have documented training. \*

*\*Share documentation of firearms training with inspectors during inspection.*

Mark only one oval.

Yes

No

337. 1.6.6.3.2 Describe training: \*

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338. 1.6.6.3.3 Firearms Team members are known to all staff, including contact. \*

*Mark only one oval.*

Yes

No

339. Additional comments on 1.6.6 Safety & Security for Staff | Security/Firearms:

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**1.6.6 Safety & Security for Staff | Diving**

340. Does your facility utilize underwater diving with compressed air (SCUBA or surface supplied) as part regular operations and/or maintenance? \*

*Mark only one oval.*

Yes

No

341. 1.6.7.1 Facility meets minimal operational safety standards for diving. \*

*Mark only one oval.*

Yes

No

N/A

342. 1.6.7.1 Facility complies with the applicable diving-related laws for their location/size. \*

*Mark only one oval.*

- Yes  
 No  
 N/A

343. 1.6.7.1 Facility follows the diving standards mandated by the OSHA or equivalent organization. \*

*Mark only one oval.*

- Yes  
 No  
 N/A

344. 1.6.7.2 Facility's Dive Safety Officer(s) have credentials, knowledge, responsibilities, and authority to fill that role. Certified recreational dive instructor, or an equivalent, to meet the credentialing requirement. \*

*Mark only one oval.*

- Yes  
 No  
 N/A

345. 1.6.7.3 The facility has a dive manual that includes a section on diving safety. \*

*Mark only one oval.*

- Yes  
 No  
 N/A

346. 1.6.7.3 The facility dive manual includes an emergency extraction plan for each habitat into which divers enter. \*

*\*Share with inspectors during inspection.*

*Mark only one oval.*

- Yes  
 No  
 N/A

347. 1.6.7.3 Divers are trained in the emergency procedures associated with all the aquatic habitats in which they dive. \*

Mark only one oval.

- Yes
- No
- N/A

348. 1.6.7.4 Facilities which utilize underwater diving as a part of regular operations and/or maintenance conduct at least one documented live action emergency dive safety drill annually. \*

Mark only one oval.

- Yes
- No
- N/A

349. 1.6.7.5 Diving risk assessment, training and drills are conducted regularly, updated and documented. \*

*\*Share with inspectors during inspection.*

Mark only one oval.

- Yes
- No
- N/A

350. Additional comments on 1.6.6 Safety & Security for Staff | Diving:

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**1.6.7 Safety & Security for Staff | Perimeter Fence**

351. 1.6.8.1 The facility is enclosed by a perimeter fence or barrier, so it restricts animals and people from outside the facility unauthorized entry and contact with animals in the facility. \*

*Mark only one oval.*

Yes

No

352. 1.6.8.2 The facility's perimeter fence is separate from all animal habitats or other animal areas by at least three feet. Perimeter fence is of sound quality and construction. \*

*Mark only one oval.*

Yes

No

353. 1.6.8.2.1 If facility has sections of the perimeter fence that are also the containment fence, do they have written exemptions from USDA? \*

*Mark only one oval.*

Yes

No

N/A

354. 1.6.8.2.2 Facilities that house only [Class II & III animals](#), a fence of no less than six (6) feet in height. \*

*Mark only one oval.*

Yes

No

N/A

355. 1.6.8.2.3 Facility perimeter fence is no less than eight feet in height and constructed of not less than 11 ½ gauge chain link or equivalent material. \*

*Mark only one oval.*

Yes

No



356. 1.6.8.2.4 There are rare instances where the terrain surrounding the facility provides a viable barrier with written exemptions from the USDA and local government agencies and upon approval by ZAA. Does this facility have such exemptions? \*

*Mark only one oval.*

- Yes
- No
- N/A

357. 1.6.8.2.5 Facilities which are entirely enclosed within a building may be exempt from the perimeter fence requirements. Is this facility entirely enclosed within a building? \*

*Mark only one oval.*

- Yes
- No

358. Describe the perimeter fence (height and materials). \*

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359. Additional comments on 1.6.7 Safety & Security for Staff | Perimeter Fence:

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**Governing Authority, Support Organization, Finance, Staff, Guest Services, and Master & Strategic Planning**

**1.7.1 Governing Authority | General**

360. 1.7.1.1 Is the facility privately owned? \*

*Mark only one oval.*

Yes

No

361. 1.7.1.1 If yes, facility has a written contingency and/or financial succession plan in place and shared with the leadership team in the event of the death or incapacitation of the owner. \*

*Mark only one oval.*

Yes

No

N/A (not privately owned)

362. 1.7.1.2 The governing body of the facility is supportive and in agreement with ZAA goals and objectives. \*

*Mark only one oval.*

Yes

No

363. 1.7.1.3 Governing body of the facility supportive and in compliance with ZAA Accreditation Standards, professional ethics and bylaws? \*

*Mark only one oval.*

Yes

No

364. 1.7.1.4 The facility's governing authority consists of professionals who are trained and dedicated to managing the facility's animals, staff, programs and day-to-day operations on a full-time basis. \*

*Mark only one oval.*

Yes

No

365. 1.7.1.4 If the facility is managed by groups of individuals (example: board of directors), is there a paid CEO/Director to accomplish these tasks? \*

*Mark only one oval.*

- Yes
- No
- N/A

366. 1.7.1.4 Is the CEO/Director included in governing decisions that pertain to day-to-day operations? \*

*Mark only one oval.*

- Yes
- No
- N/A

367. 1.7.1.4 Clear protocols are in place regarding who will make decisions/be responsible for animal welfare, animal acquisition, euthanasia, staffing and programs. \*

*Mark only one oval.*

- Yes
- No
- N/A

368. 1.7.1.4 Describe the governing authority's chain of command or attach as a separate file in the next input box. \*

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369. 1.7.1.4 Provide the governing authority's chain of command (if not described in the previous input box).

*Mark only one oval.*

- \*If applicable, I understand that I will be required to submit these files.

370. Describe provisions in place for the care of the collection beyond the current owner's life. \*

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371. Additional comments on 1.7.1 Governing Authority | General:

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**1.8.1 Support Organization | General**

372. Does the facility have a support organization? \*

*Mark only one oval.*

Yes

No

373. 1.8.1.1 Does the support organization share the facility's goals and objectives? \*

*Mark only one oval.*

Yes

No

N/A

374. 1.8.1.2 Is a formal, up-to-date agreement in place that delineates the roles and responsibilities of the support organization, \* including authority over animals, exhibits, paid and unpaid staff, programs, long-range plans and other matters affecting the facility?

*Mark only one oval.*

Yes

No

N/A

375. Additional comments on 1.8.1 Support Organization | General:

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**1.9.1 Finance | General**

376. 1.9.1.1 Facility follows best practices in fiscal sustainability. \*

*Mark only one oval.*

Yes

No

377. 1.9.1.2 Facility has and maintains general comprehensive liability insurance, either by independent carrier or internal means with sufficient coverage to cover any incident. \*

*\*Provide a copy of Policy Declaration.*

*Mark only one oval.*

Yes

No

378. 1.9.1.2 Copy of Liability Insurance Policy Declaration. \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

379. 1.9.1.3 Provide a financial support description that defines a current and future operating ability that supports the existing and proposed animal collection and facility or attach as a separate file in the next input box. \*

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380. 1.9.1.3 Provide a financial support description that defines a current and future operating ability that supports the existing and proposed animal collection and facility (if not described in the previous input box).

*Mark only one oval.*

\*If applicable, I understand that I will be required to submit these files.

381. 1.9.1.4 Facility complies with all state and federal wage laws while striving to compensate staff within the relative zoological trade norms in their geographic areas. \*

*Mark only one oval.*

Yes

No

382. 1.9.1 Describe capital improvements over past 5 years. \*

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383. 1.9.1.5 Facility has a financial plan in place for ongoing capital improvements and maintenance. \*

*Mark only one oval.*

Yes

No

384. Facility has and maintains: \*

*Check all that apply.*

Workman's comp

Liability insurance

Self-insured

Other

385. Describe facility's insurance coverage: \*

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386. Facility has a contingency plan for a reduction in funding. \*

*Mark only one oval.*

Yes

No

387. Additional comments on 1.9.1 Finance | General:

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**1.10.1 Staff | General**

388. 1.10.1.1 There is an appropriate number of qualified staff in place to care for the collection. \*

*Mark only one oval.*

Yes

No

389. 1.10.1.2 Staff have opportunities for training and professional development. \*

*Mark only one oval.*

Yes

No

390. 1.10.1.3 Staff has/maintains professional attitudes and behaviors when representing the facility. \*

*Mark only one oval.*

Yes

No

391. 1.10.1.4 Do staff have access to current [ZAA Accreditation Standards and Policies](#)? \*

*Mark only one oval.*

Yes

No

392. 1.10.1.4 Facility staff complies with ZAA Policies. \*

*Mark only one oval.*

Yes

No

393. 1.10.1.5 The facility complies with all state, federal and local equal opportunity laws, regulations, and guidelines, for all staff. \*

*Mark only one oval.*

Yes

No

394. 1.10.1.5 Protocols are in place for staff to bring concerns regarding equalities of any kind to the attention of management in a confidential manner. \*

*Mark only one oval.*

Yes

No



395. 1.10.1.6 Facility management encourages staff to participate in ZAA committees, programs and/or projects that further the goals and efforts of the organization. \*

*Mark only one oval.*

Yes

No

396. 1.3.1.1 List industry publications to which the facility subscribes. \*

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397. Additional comments on 1.10.1 Staff | General:

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**1.11.1 Guest Services | General**

398. 1.11.1.1 Facility complies with the Americans with Disabilities Act (ADA)/all applicable laws and regulations. \*

*Mark only one oval.*

Yes

No

399. 1.11.1.2 Facility provides accessibility and public amenities for all visitors (children and adults)? \*

*Mark only one oval.*

Yes

No

400. 1.11.1.3 Facility has appropriate directional signage. \*

*Mark only one oval.*

Yes

No

401. 1.11.1.4 The facility presents a professional, clean, and aesthetically pleasing environment to the visiting public. \*

*Mark only one oval.*

Yes

No

402. 1.11.1.5 The facility's website and social media is professional in appearance and in compliance with ZAA's standards. \*

*Mark only one oval.*

Yes

No

403. 1.11.1.5 Facility content is up-to-date information, hours of operation, admission, location, programs, and ZAA affiliation. \*

*Mark only one oval.*

Yes

No

404. Additional comments on 1.11.1 Guest Services | General:

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**1.12.1 Master & Strategic Planning | General**

405. 1.12.1.1 Does the facility have a written master plan and strategic plan that addresses short-, medium-, and long-term goals regarding the development, renovation and construction of new exhibits? \*

*\*Share with inspectors, if applicable.*

Mark only one oval.

Yes

No

406. 1.12.1.2 Is the master plan and strategic plan guided by the facility's mission and values and focuses on best practices in animal welfare? \*

Mark only one oval.

Yes

No

407. Additional comments on 1.12.1 Master & Strategic Planning | General:

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### **2.1 Taxa Management & Care | Elephants**

408. Does the facility have elephants in their collection? \*

*If yes, please note inspectors will be inspecting per the 2.1 Elephant Taxa Management & Care Standards.*

Mark only one oval.

Yes

No

### **2.2 Taxa Management & Care | Polar Bears**

409. Does the facility have polar bears in their collection? \*

*If yes, please note inspectors will be inspecting per the 2.2 Polar Bear Taxa Management & Care Standards.*

Mark only one oval.

Yes

No

**Wildlife Conservation Ranch**

410. Is the facility a Wildlife Conservation Ranch? \*

Mark only one oval.

Yes

No *Skip to question 424*

**Wildlife Conservation Ranch**

411. Is hunting permitted on the property? \*

Mark only one oval.

Yes

No

412. If yes, please describe.

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413. List permits for this activity, if applicable.

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414. Your wildlife holdings are dependent on: \*

*Check all that apply.*

- Animal Sales
- Hunting
- Tourism
- None of the above

415. If you selected "none of the above," please explain.

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416. Explain the economic sustainability if your wildlife holdings are dependent on Animal Sales, Hunting, or Tourism. \*

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417. If the state or federal government were to request facility participation in a species recovery/reintroduction program in the wild, either in the US or internationally, and you held specimens of value for this, would you make those specimens available for such programs? \*

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418. Population Management Plan for each species \*

*Mark only one oval.*

- \*I understand that I will be required to submit these files.

419. Facility's Land and Habitat Management Plan \*

*Mark only one oval.*

\*I understand that I will be required to submit these files.

420. What arrangements does the facility have for supplemental feeding of range stock in case of inclement weather or other natural disaster? \*

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421. What procedures are in place to prevent potential poaching or trespass on range land? \*

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422. Briefly describe the physical property, including topography, fencing, facilities, etc. \*

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423. Additional comments on Wildlife Conservation Ranch:

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**Related Policies and Administrative Policies**

### **3. Related Policies**

ZAA's Related Policies are available in the [ZAA Accreditation Standards](#). By answering the following questions, you are asserting that you have read and understood that document.

424. The facility complies with 3.2 Public Contact Policy. \*

*Mark only one oval.*

Yes

No

425. The facility complies with 3.3 Use of Apes in Commercial Media and Performances. \*

*Mark only one oval.*

Yes

No

426. The facility complies with 3.4 Responsible Population Management. \*

*Mark only one oval.*

Yes

No

427. Additional comments on 3. Related Policies:

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### **4. ZAA Administrative Policies**

ZAA's Administrative Policies are available in the [ZAA Accreditation Standards](#). By answering the following question, you are asserting that you have read and understood that document.

428. Facility complies with ZAA Administrative Policies. \*

*Mark only one oval.*

Yes

No

429. Additional comments on 4. ZAA Administrative Policies:

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**Additional Comments**

Thank you for completing the ZAA Accreditation Application. A copy will be emailed to you.

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