



# EAZA Accreditation Application

To enter data, click on the top left of each answer field and a text field will appear.

This form **MUST** be submitted electronically and as completely as possible.

## General Information

### 1. Contact Information

Institution Name	
Address 1	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Country	
Institutional Email	
Institutional Phone	

### 2. Please provide the following information:

Name of Director/CEO	
Email address of Director/CEO	
Name of EAZA contact person (if different)	
Email address of EAZA contact person	
Phone of EAZA contact person	

### 3. Which of the following categories best describes your institution?

- Zoological Park
- Aquarium/Oceanarium
- Other (please specify)

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### 4. Appendix 1: History and development of institution

Please submit a summary of your institution's history, including date founded and opened to the public, dates of major events, masterplan, size, list of new facilities/capital improvements undertaken in the last five years and a brief description of the major projects planned over the next five years (in English).

Format: PDF, maximum 2 pages.

- Noted

**5. Provide your institution's mission statement in English:**

**6. Approximately how many hectares is your institution?**

**7. Select the best description for your governing authority:**

- Company, business, or corporation organised for profit
- Non-profit organisation
- Municipal government
- State government
- Federal/National government
- College or university
- Society
- Other (please specify)

**8. Does your institution own or operate a branch zoological park, aquarium, off-show breeding facility or other animal holding facilities?**

- Yes\*
- No

\*If yes, please describe briefly

**9. Is your institution a member of any other zoo/aquarium organisation, e.g. a national federation?**

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Yes\*

No

\*If yes, which organisation(s):

**Support organisation**

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**10. Do you have a support organisation?**

Yes

No

Please provide the requested information about your institution's support organisation.

**11. Name and years formed**

**12. Number of memberships**

**13. Describe briefly its benefits to members**

**14. Is your institution locally licensed?**

Yes\*

No

\*Appendix 2: If yes, please submit a copy of the license(s). Format: scanned to PDF or JPG.

**15. Who owns the following within your institution?**

Buildings

Grounds

Animal collection

**16. How many days a year is your institution open to the public**

**17. What kind of visitor services are available within your institution?**

- Toilets
- Restaurant
- Parking Area
- Facilities accessible for handicapped and disabled
- Baby changing facilities
- Gift shop(s)
- Direction signs
- Other (please specify)

**General Information - Staff**

**18. Please indicate the number of staff employed by your institution?  
(Please convert to full-time positions, e.g. three people at 50%=1.5 full time)**

**19. Please indicate the number of permanent staff employed by your institution in each category below:**

Company management	
Curators	
Veterinarians	
Animal keepers	
Educators	
Research	
PR & Marketing	
Technicians	
Administration	
Horticulturists	
Other	

**20. Please indicate the number of SEASONAL staff employed by your institution in each category below:**

Company management	
Curators	
Veterinarians	
Animal keepers	
Educators	
Research	
PR & Marketing	
Technicians	
Administration	
Horticulturists	
Other	

**21. Does your institution provide training to staff members/volunteers?**

Yes\*

No

\*If yes, please describe briefly:

**22. Have any staff members, to your knowledge, ever been found guilty of violating national wildlife regulations or wildlife regulations of any foreign nation?**

Yes\*

No

\*If yes, please give an explanation:

## Financial Matters

The finance section of this questionnaire will be regarded as confidential and be viewed only by the EAZA Membership & Ethics Committee and the EAZA screening team. If (at the request of the institution being inspected) the screening team reviews financial records during the inspection, confidentiality is assured.

### 23. Please indicate your institution's current entrance fees (in Euro - €).

Adults	
Senior Citizens	
Children (pre-school)	
Children (up to 16/18 yrs)	
Students	
Annual Ticket	
Annual Family Ticket	
Other (describe)	

### 24. How many annual memberships/tickets did you sell last year?

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### 25. Please provide your institution's attendance figures for the last five years.

Year	Total Visits

Comments on visitor figures (if necessary):

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### 26. Please indicate your institution's total operating budget (in Euros - €) over the last three years.

Year	Total Amount	(e.g. 2017 / €2.350.000)

Comments on operating budget (if necessary):

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**27. Does your institution have liability insurance coverage for your visitors, governing authority, staff, society, docents/volunteers, collection and physical facilities?**

Yes\*

No

\*If no, please explain how potential claims would be met:

### Animal Care - Veterinary Care / Nutrition

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**28. Do you employ a full-time veterinarian?**

Yes\*

No

\*If no, describe your veterinary programme, including the number of visits and the contents of the agreement with the veterinarian.

**29. Are the condition and health of all animals in your collection checked each day by appropriate staff?**

Yes

No

**30. Please indicate which of the following facilities are available on the premises:**

Off-exhibit holding facilities

Laboratory

Animal hospital

Quarantine facilities

Necropsy/surgery room

**31. Appendix 3: Please submit, in English, a description of your institution's quarantine facilities. Please indicate whether your institution meets or plans to meet the requirements for Balai certification.**

**Format: PDF, maximum 2 pages.**

Noted

**32. Does your institution undertake routine examination, including checks on parasites and zoonotic diseases and a programme for preventive medicine, including vaccination?**

Yes

No

**33. Are antidotes to potentially toxic veterinary products kept either at your institution or at the local hospital?**

Yes

No

**34. Is capture (animal restraint) equipment kept on the premises?**

Yes

No

**35. Is chemical capture equipment used for sedation / anaesthesia kept on the premises?**

Yes

No

**36. Does your institution have a pest control programme?**

Yes

No

**37. Is a post-mortem examination (necropsy) generally performed on every vertebrate mortality?**

Yes

No\*

\*If no, please outline your normal protocols in this area:



**38. Are records of all performed post-mortem examinations kept on file by your institution or the consulting veterinarian?**

Yes

No

**39. Please describe how you formulate and present diets for the taxa in your institution and the specialist advice you obtain in this area.**

**40. Please describe your institution's facilities for food storage and preparation.**

### **Animal Care - Accommodation / Contact with animals**

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**41. Does your institution obtain specialist advice regarding space, furniture and location when building or modifying animal enclosures?**

Yes\*

No

\*If yes, please describe briefly:

**42. Does your institution provide animals with environmental and behavioural enrichment?**

Yes\*

No

\*If yes, please include a description of the different types of enrichment used within your institution.

**43. Does your institution have appropriate accommodation for animals being temporarily separated from the group available on the grounds?**

Yes

No

**44. Have there been any major changes made to the animal enclosures in the last five years or will there be any in the near future?**

Yes\*

No

\*If yes, please include a description of these projects.

**45. Are visitors allowed to have direct contact with animals in your institution?**

Yes\*

No

\*If yes, please describe what kind of contact and which animal species.

**46. Does your institution have a written protocol for the contact between animals and visitors?**

Yes\*

No

\*Appendix 4: If yes, please submit the relevant protocol. Format: PDF

**47. Are visitors allowed to feed animals in your institution?**

Yes\*

No

\*If yes, please describe the animal species and the food given.

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**Species360 Membership**

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**48. Is your institution a member of Species360?**

Yes

No

**Additional information: Species360 members**

**49. Please provide the following information with respect to your institution:**

Species360 Mnemonic:	
Species360 Number:	
Member since:	

**50. What percentage of your animal collection is registered with Species360?**

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**51. Are all of your institution's holdings of endangered, CITES App.I, EEP and ESB species registered with Species360?**

Yes

No

**52. Do you regularly submit your animal data to Species360?**

Yes\*

No

\*If yes, specify how often.

**Additional information: non-members of Species360**

**53. Has your institution applied for Species360 membership yet?**

**Please note that Species360 membership is obligatory for EAZA membership.**

Yes

No

**54. Does your institution use an animal record keeping system that allows quick access to information?**

Yes\*

No

\*If yes, which system?

**55. Does your institution annually produce an 8-column animal inventory list as described in Article 5.2 on page 13 of the document "EAZA Standards for the accommodation and care of animals in zoos"?**

Yes

No

**Zoological Collection**

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**56. How many species do you hold in your institution?**

**Appendix 5: please submit your most recent animal inventory list. Format: ARKS/ZIMS report or alternative.**

Noted

**57. How often are records brought up-to-date?**

Daily

Weekly

Monthly

Other (please specify)

**58. Are duplicates of the animal records stored in a separate location?**

Yes

No

**59. Does your institution use a reliable individual animal identification system?**

Yes\*

No

\*If yes, what kind:

**60. Does your institution have a written animal acquisition/disposition policy?**

Yes\*

No

\*Appendix 6: If yes, please submit a copy of the policy (in English) Format: PDF

**61. Does your institution use written animal loan agreements?**

Yes

No

**62. Does your institution utilise animals from its collection for one of the following off-premises situations:**

Yes\*

No

Commercial Events (e.g. film)

Non-commercial programmes (e.g. school, hospital)

\*If yes, what kind of activities and with which species:

**63. Are any of the animals in your collection part of a training and/or behavioural display programme (e.g. parrots, dolphins)?**

Yes\*

No

\*If yes, please describe briefly:

**64. Does your institution have an Institutional Collection Plan (ICP)?**

Yes\*

No

\*Appendix 7: If yes, please submit a copy Format: PDF

## Safety and Security

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**65. Are first-aid facilities readily available to your staff and the visiting public?**

Yes

No

**66. Is there always someone on duty who is trained in first-aid during visiting hours?**

Yes

No\*

\*If no, please explain how incidents are handled:

**67. Are there written procedures to deal with emergencies (e.g. animal escapes/recapture, attack by a dangerous/venomous animal, fire, flood or other disasters)?**

Yes\*

No

\*Appendix 8: If yes, please submit the relevant document(s). Format: PDF

**68. Have there been any major injuries or deaths, caused by a dangerous animal, in the last five years?**

Yes\*

No

\*If yes, please provide a short description of the event, the actions taken during/after the event and changes made in procedures or facilities as a result of the event.

**69. Have there been any major animal escapes in the last five years requiring tranquilisation or medical treatment?**

Yes\*

No

\*If yes, please provide a short description of the event, the actions taken during/after the event and changes made in procedure or facilities as a result of the event.

**70. Are all staff members provided with regular training on all emergency procedures?**

Yes

No

**71. Do you provide employees and volunteers who handle animals with training/information on common zoonosis?**

Yes

No

**72. Are firearms kept on the premises?**

Yes

No

**73. Is staff provided with regular training in the use of firearms?**

Yes

No

**74. Is your institution enclosed by a perimeter fence that is independent of all animal enclosures?**

Yes

No

**75. Are there any electrical installations near aquatic facilities?**

Yes\*

No

Not applicable

\*If yes, what safety measures have been taken.

<p>EXAMPLE ONLY DO NOT SUBMIT</p>
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**76. Do divers working for the institution have a permanent control of the aqua-lungs?**

Yes

No

Not applicable



## Conservation and Sustainability

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**77. Please list all conservation organisations of which your institution is a member:**

**78. Does your institution participate in one or more EEPs (European Endangered species Programmes)?**

Yes\*

No

\*If yes, please specify the programme(s) and the year your participation in each began (give scientific species name and English name):

**79. Which species at your institution are included in national and/or international studbooks, e.g. European StudBook (ESB)?**

Please provide the scientific species name and English name along with the level/type of studbook.

**80. Please list the *in situ* conservation projects\* with which your institution is currently involved.**

\*Please indicate the species, countries and other organisations involved.

**81. How much money did your institution spend on conservation projects last year (in Euros - €)?**

**82. Have any sustainability projects or activities been implemented at your institution?**

Yes\*

No

\*If yes, please describe briefly:

## Education

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**83. Appendix 9: Please provide your institution's written Education Policy.**

**Format: PDF**

(Please note that a written Education Policy is obligatory for EAZA membership - see Education Standards.)

Noted

**84. Does the educational message of your institution emphasise the importance of biodiversity conservation and sustainability?**

Yes

No

**85. Do all of your institution's animal enclosures have sufficient signs present that provide basic information about the animals displayed?**

Yes

No

**86. Are classroom facilities available at your institution?**

Yes\*

No

\*If yes, please describe briefly:

**87. How many members of your educational staff have a teaching qualification?**

**88. Please indicate what types of educational activities are conducted by your institution.**

- Guided tours
- Presentations at schools
- Special lectures and/or demonstrations
- Classes, clubs or study groups held at the institution
- Interpretive demonstrations/shows
- Interactive educational tools
- Exhibitions
- Travel/field programmes
- Lecture series
- Radio/TV programmes
- Other (please specify)

**89. Approximately how many people have participated in formal educational programmes (i.e. classes, guided tours, lectures, etc.) at your institution in the last 12 months?**

**90. Does your institution have cooperative EDUCATIONAL programmes or special affiliations with colleges and universities?**

Yes\*

No

\*If yes, please describe briefly:

**91. Does your institution evaluate its educational programmes?**

Yes\*

No

\*Appendix 10: If yes, please provide an outline of the methodology and results of such evaluation.  
Format: PDF, maximum of 2 pages.

**Research**

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**92. Did your institution carry out or support scientific research projects during the last three years?**

Yes\*

No

\*Appendix 11: If yes, please submit a description of these projects (abstracts only). Format: PDF

**93. Does your institution have a specific budget for scientific research?**

Yes

No

**94. Are the results of research projects published or otherwise disseminated to the professional and scientific community?**

Yes\*

No

\*Appendix 12: If yes, please provide a list of publications over the last three years.

**95. Does your institution have cooperative RESEARCH activities or special affiliations with colleges and universities?**

Yes\*

No

\*If yes, please describe briefly:

## Miscellaneous

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### 96. Which of the following are published or produced by your institution:

All such materials should be provided to the screening team when they visit your institution. (There is no requirement to submit these materials in advance.)

- Brochure(s)
- Annual report
- Guidebook
- Website
- Smartphone apps
- Video
- DVDs/CD-ROMs
- Other regular periodicals (e.g. newsletter, journal, proceedings)
- Other (please specify)

### 97a. [New Applicants]

**Appendix 14: Please submit a letter in which the motivation of your institution to apply for membership of EAZA is explained (in English). Format: PDF**

- Noted

### 97b. [Existing Members]

**Please describe the ways in which your institution participates in the activities of the EAZA community. (e.g. committee or working group membership, event attendance, policy development, submission of magazine/website articles, etc.)**

## Checklist - Appendices

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**97. [REQUIRED] Please indicate which of the following documents you have submitted as appendices. All appendices are to be submitted electronically via email or wetransfer.com.**

	Submitted	Not Applicable
1. History of institution (Q4) (in English)	<input type="checkbox"/>	<input type="checkbox"/>
2. Scan of license (Q14)	<input type="checkbox"/>	<input type="checkbox"/>
3. Description of quarantine facilities (Q31) (in English)	<input type="checkbox"/>	<input type="checkbox"/>
4. Protocol for visitor/animal contact (Q46)	<input type="checkbox"/>	<input type="checkbox"/>
5. ARKS/ZIMS inventory report (Q56)	<input type="checkbox"/>	<input type="checkbox"/>
6. Animal acquisition/disposition policy (Q60) (in English)	<input type="checkbox"/>	<input type="checkbox"/>
7. Animal collection plan (Q64)	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency protocols (Q67)	<input type="checkbox"/>	<input type="checkbox"/>
9. Education policy (Q83)	<input type="checkbox"/>	<input type="checkbox"/>
10. Evaluation of education activities (Q91)	<input type="checkbox"/>	<input type="checkbox"/>
11. Research project abstracts (Q92)	<input type="checkbox"/>	<input type="checkbox"/>
12. Research publications (Q94)	<input type="checkbox"/>	<input type="checkbox"/>
13. Director's declaration (provided in initial email)	<input type="checkbox"/>	<input type="checkbox"/>
14. Letter of motivation for joining EAZA (new applicants only)	<input type="checkbox"/>	<input type="checkbox"/>

Other documentation submitted (if applicable):

## Final Steps

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Please use email or wetransfer.com to return this document, along with all appendices, and the provided declaration, signed by the institution's Director or CEO.

### **For New Applicants Only (institutions that are not a member of EAZA)**

Please transfer the €525 application fee to:

European Association of Zoos and Aquaria  
IBAN: NL80 ABNA 0839 9648 97  
BIC/SWIFT: ABNA NL2A