



SAFEKEEPING AGREEMENT
ANIMAL WELFARE LEAGUE OF ARLINGTON
2650 S. Arlington Mill Dr. Arlington, VA 703-931-9241

Name: _____ **Phone Number:** _____

Address: _____

Designated Third Party (If needed) Name: _____ **Phone Number:** _____

Animal Name: _____ **Age:** _____ **Species:** _____

Gender: (Circle) Male Neutered Female Spayed **Collar/Tag/Tattoo/ID:** _____

Reason for Safekeeping: _____

Animal's AWLA Pet Safekeeping period BEGINS on: _____ **ENDS on:** _____

- The maximum safekeeping period is 14 days, length of stay is determined by AWLA staff. AWLA retains the right to terminate the animal's enrollment in the AWLA Pet Safekeeping Program with 24 hours' notice to the animal owner.
- If the animal is not retrieved by the end of the Safekeeping period by the owner or a designated third party, owner rights are terminated and custody is surrendered to AWLA. If custody is surrendered, the animal may be placed for adoption, fostered, transferred, or humanely euthanized if AWLA determines that a suitable home cannot or should not be found.
- Owner (or designated third party) must contact AWLA to check in twice during animal's stay. Owner may visit during regular weekday business hours 12-7 p.m. or on Tuesdays from 1-7 p.m. *Animal may be placed in foster home, in which case visits must be scheduled in advance, to take place at AWLA*
- If proof of current rabies vaccination is not provided, vaccination will be provided and a \$10 rabies fee is due upon pickup. Medical records or vet hospital information should be provided to account for vaccinations and health history. General care costs are covered by AWLA. Emergency vet care costs must be reimbursed by the owner if needed.

By signing the AWLA Pet Safekeeping Agreement, I declare that I am the legal owner of the animal listed above and hereby release my animal to Animal Welfare League of Arlington for temporary safekeeping. I have read, understand, and agree to the terms and conditions of the AWLA Pet Safekeeping Program.

Signature: _____ **Date:** _____

Printed Name: _____

Disclosure of Animal Bite History (Va. Code ' 3.2-6509.1) **A#** _____

To my knowledge, this animal HAS NOT ever bitten a person or other animal, EXCEPT AS FOLLOWS
(list here the date and circumstances of each instance in which the animal has bitten a person or other animal):

AWLA Staff Signature: _____ **Date:** _____