

Monadnock Humane Society Contract for Animal Safety Net (ASN) Program

I, _____ (referred to from this point as “Owner”), hereby relinquish my pet(s) to Monadnock Humane Society (referred to from this point as “MHS”) for the temporary housing of the animal (s) listed below:

Animal name sex species/breed color

Animal name sex species/breed color

Animal name sex species/breed color

Animal name sex species/breed color

This contract begins on _____ and ends on _____.

Should I not reclaim my pet(s) by the end of the contract, my pet(s) will be considered ***permanently relinquished*** to MHS. I understand that I may request an extension to my contract that may or may not be approved at that time.

initials

Rules and Conditions of Contract:

Owner agrees to provide a local address and phone number, if available, where s/he can be reached during the contract period. Owner will also provide the name, local address, and phone number of an adult designee who will be authorized and available to make decisions on the Owner’s behalf in Owner’s absence. Owner agrees that s/he or his/her designee will be reachable by phone contact at all times during the contract period.

initials

MHS will return my pet(s) only to myself. If I am unable to retrieve my pet(s), I will designate a person to take my place and I must notify the MHS representative listed below.

initials

I authorize MHS Animal Safety Network Program to prescribe for, vaccinate, groom and/or provide basic preventative care for my pet(s). I understand MHS staff will determine the acceptable level of care for my pet(s) and will perform any and all procedures it considers therapeutically and/or diagnostically necessary. In the event that my pet(s) needs special services, medications or life savings procedures, I understand that MHS staff will make reasonable attempts to contact me, but may do whatever is necessary for the health and safety of my pet(s). I also understand my pet(s) may be exposed to infectious disease as a result of being housed near other animals.

initials

Should it be discovered that my pet is severely ill or injured, I will be notified immediately. It shall be my decision alone to reclaim my pet or have him/her euthanized. I authorize MHS to euthanize my pet due to illness or injury if: (1) an emergency medical situation arises and, in the

opinion of MHS, my pet is suffering, or (2) I have been contacted by an MHS staff member about my pets condition and fail to return calls or correspondence.

initials

Owner understands that MHS is NOT staffed 24 hours per day. MHS employees are typically in the building daily from 7 AM until 5:30 PM, with abbreviated hours on holidays and in weather emergencies. Owners may not visit animals or contact staff members unless a minimum of 2 staff members are in the building. Owner(s) and designees will be respectful of MHS staff and volunteers, and abide by shelter rules and protocols at all times.

initials

I understand and agree that my pet(s) may be housed at MHS, a veterinary hospital or qualified foster home. I understand that all placement information is confidential and that the name, phone number and location of my pets will not be released to me, just as the foster home will not have access to my information. I agree to provide MHS with at least 48 hours notice if I wish to reclaim my pet prior to the contract end date.

initials

Animal(s) must be removed from MHS by owner or owner's designee no later than 5 PM on the final day of the contract period.

initials

MHS reserves the right to cancel this contract at any time during the contract period. In the event of a notice of cancellation, Owner and/or Owner's Designee must remove animal(s) from MHS by 12 NOON of the following day.

initials

I hereby release and hold harmless MHS, all employees, volunteers, directors, and board members from any and all claims arising out of or connected, directly or indirectly, with care and housing of above-listed animal(s). I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such care and housing of such animal or any consequences related thereto. I hereby agree to indemnify and hold MHS harmless for any damages caused during the possession and care of the animal(s), or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

initials

By signing below, I agree to the terms, rules and conditions of this agreement. I understand and accept that violation of any part of the contract by myself or my designee will result in the revocation of this agreement and the **forfeiture of the above-listed animal(s)** to the Monadnock Humane Society.

Owner Signature

Date

MHS Staff Member Signature

Date

Owner:

Owner's Designee:

Name

Name

Address (physical)

Address (physical)

Phone #1

Phone #1

Phone #2

Phone #2

MHS Staff Member Contacts:

Primary Contact Name

Phone and Extension

Secondary Contact Name

Phone and Extension

Discharge Certification (to be completed when animal(s) removed from MHS):

I hereby certify that I have reclaimed custody of above-listed animal(s) and all accompanying belongings for immediate removal from MHS property.

Signature

Print Name

Date

Monadnock Humane Society
Contract for Animal Safety Net (ASN) Program

Medical Authorization

I, _____, owner or authorized agent of the pet(s) listed below, authorize MHS ASN to administer the following treatments to my pet(s):

Animal name sex species/breed color

Animal name sex species/breed color

Animal name sex species/breed color

Animal name sex species/breed color

- Spay/neuter procedure
- Emergency treatment if needed(surgical included)
- Basic veterinary care

- Vaccinations and preventative care
- Microchip
- Grooming
- Other: _____

I also consent to the administration of necessary anesthetics for these procedures. I understand that there are risks associated with all treatments and procedures and I will not hold MHS, employees or caretakers liable for any complications that may arise.

Print: _____

Signature: _____

Date: _____

Veterinarian Release:

I give permission to _____
Veterinarian/Clinic/Hospital

to release any and all medical records for my pet(s) _____
Pet(s) Name(s)

to MHS Safety Net Program.

Signature

Date