

Application for Safe Haven Temporary Sheltering

For WHS Office Use Only	
Date entered shelter	_____
Guest #	_____
Foster ID #	_____
Weight	_____

Date: _____ Referring Advocate: _____

Name: _____

Current home address: _____

Current situation/anticipated length of time that care is needed: _____

Number where it is safe for us to contact you: _____

(Note: We must be able to safely leave a message at this number)

Emergency Contact Name/Number: _____

How many animals are you placing into the Safe Haven Program? _____

Name	Breed	Age	Sex	Vaccination Status	Altered Opt Out*
			M MN F FS	UTD Expired	<input type="checkbox"/> Check here if you do NOT want your animal to be spayed/neutered.
			M MN F FS	UTD Expired	<input type="checkbox"/> Check here if you do NOT want your animal to be spayed/neutered.
			M MN F FS	UTD Expired	<input type="checkbox"/> Check here if you do NOT want your animal to be spayed/neutered.
			M MN F FS	UTD Expired	<input type="checkbox"/> Check here if you do NOT want your animal to be spayed/neutered.

*Dogs, cats, or rabbits who are not currently spayed or neutered will receive sterilization surgery through the Safe Have Program at no charge, unless you opt out of this service. Spaying or neutering your animal provides significant health and behavioral benefits to your animal, but there are risks inherent to all surgical procedures.

Have any of the above animals bitten while in your care? Yes No

If yes, please explain the circumstances: _____

Have any of the above animals bitten within the last ten days? Yes No

If yes, please explain the circumstances: _____

Veterinarian Name/Phone Number: _____

Are vet records kept in your name? Yes No

The questions below are solely for statistical purposes and responses will be kept confidential:

- Has your abusive partner ever threatened your animal(s)? Yes No
- Has your abusive partner ever hurt your animal(s)? Yes No
- Has your abusive partner ever harmed animals in the past? Yes No

Safe Haven Program agreement and waiver of liability, release and indemnity agreement

In exchange for being permitted to enroll my animal(s) in the Safe Haven Program at the Wisconsin Humane Society ("WHS"), I agree to the following:

TERMS OF THE PROGRAM

1. I certify that all of the information contained herein is true and correct to the best of my knowledge and that I am the owner or agent for the owner, of the animal(s) listed above and have the authority to give this consent. I warrant that I have sole right and exclusive authority to place the animal(s) in the custody of the WHS under the terms of this agreement. _____
2. I understand that my animal(s) may be placed at a shelter, kennel partner or foster home at the discretion of WHS and that there are risks of serious disease transmission, injury, and behavior change in these environments. _____
3. I understand that the location of my animal(s) will not be disclosed to me for the safety of everyone involved. I understand that I will not be able to visit my animal(s) during the time that he or she is in the program but can ask for updates from my contact at Sojourner Family Peace Center ("SFPC"). _____
4. I understand and agree that my participation in the Safe Haven Program is subject to a requirement that I contact my case manager at SFPC 15 days from the date this agreement is signed, and again 30 and 45 days from the date this agreement is signed, to renew my participation in the program. _____
5. I understand and agree that WHS has the right to terminate or limit my participation in the Safe Haven Program at any time for any reason. In that event, I will reclaim my animal(s) within 48 hours from the time I am contacted at the number I provided above. _____
6. I understand and agree that if I do not reclaim my animal(s) within 60 days from the date of this agreement is signed, or if I fail to renew my participation in the Safe Haven Program, or if I fail to remove my animal(s) from the Safe Haven Program within 48 hours under the conditions listed above, I will be deemed to have surrendered all of my ownership rights and interest of any kind in the animal(s). In that event, legal ownership of my animal(s) shall be voluntarily, permanently and irrevocably transferred to WHS. I further understand that at that point, WHS may place my animal(s) for adoption or euthanize my animal(s), or take any other action WHS deems appropriate in its sole discretion. _____

VETERINARY CARE & AUTHORIZATION

7. I hereby authorize WHS as my agent to provide veterinary care to my animal(s) including, but not limited to, vaccinations, medication, grooming, and any other care that WHS deems appropriate at the sole discretion of WHS veterinary staff. _____
8. WHS recommends that all animals be current on vaccinations at all times to help protect the health of the animal. Even though we take every precaution to safeguard the health of the animals, there is a possibility that your animal may be exposed to infectious disease while in the Safe Haven Program. I understand that there are risks associated with this program and medical procedures and agree to hold WHS harmless in the event my animal(s) becomes ill or is injured. _____
9. If my animal(s) take(s) medication for an existing condition, I agree to disclose that condition and provide necessary medication to WHS. _____
10. I authorize WHS to perform spay/neuter surgery on my animal, unless otherwise noted on the Safe Haven Program application. _____
11. I understand that the surgery and other applicable medical services may present some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedures, and some risk in the use of anesthetics, vaccines and/or drugs provided for the procedure. _____
12. I authorize WHS as my agent to make emergency medical decisions regarding my animal(s) on my behalf. I understand that if WHS deems it medically necessary, my animal(s) will be humanely euthanized. _____

INDEMNIFICATION & WAIVER OF LIABILITY

13. I fully and forever release and discharge WHS and/or SFPC and its officers, directors, employees, partners, insurers and agents (the "Released Parties), from all actions, suits, claims, damages, costs, expenses, attorneys' fees, and demands of any kind, whether compensatory or punitive in nature, including, but not limited to, any

liability for injury or property damage arising out of my participation in the Safe Haven Program to another animal or person, illness to my animal(s), or illness or parasite transmitted by my animal(s) to another animal or person. I also promise and agree to indemnify the Released Parties against any and all liability incurred by the Released Parties, including, but not limited to, all judgments, settlements, penalties, fines, costs, expenses and actual attorneys' fees, that relate to my animal, or that arise out of my participation in the Safe Haven Program.

14. As further consideration for WHS's agreement to take custody of my animal(s), I agree to indemnify, and hold harmless the Release Parties, from all claims or demands by anyone who may assert ownership rights or an interest in the animal(s). _____
15. I understand and acknowledge that the services I'm being provided are free of charge as part of a charitable mission. I understand that the ability of nonprofit organizations to provide such charitable services necessarily depends upon the willingness of service participants, like me, to assume and absorb the risks inherent in this mission. I, therefore, recognize that my participation in the Safe Have Program may present risks to me, my children (if any), and/or my animal(s), including but not limited to those described in the statements above and including but not limited to property damage, bodily injury or even death. I understand that by participating In the Safe Haven Program, I may be exposing myself, my children (if any), and my animal(s) to these risks and any financial consequences of these risks and assume these risks in consideration of the privilege of participating in the Safe Haven Program. _____
16. I hereby knowingly, voluntarily, and irrevocably, agree to defend and indemnify the Released Parties for any and all liability, damages, costs, and expenses, including attorney's fees and costs, arising out of or in any way related to my participation in the Safe Haven Program. This indemnity does not, however, release or modify defense and/or indemnity obligations that any insurer of WHS and/or SFPC may have for claims covered under the policies of WHS and/or SFPC. _____

AGREEMENT

By signing below, I verify I have read, understand, and agree to all the statements listed above and I hereby transfer temporary custody of the animal(s) listed in this document to WHS for temporary confidential shelter.

Participant Signature

Date

Participant (Print Name)