### SHELTER-CLIENT PET AGREEMENT

*(owner/guardian does not pay fees)*

Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type/Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female Spayed/Neutered: Yes No

Vaccinations up to date: Yes No Unsure

Flea/Tick Treatment: Yes No Unsure

Description: [e.g., color, markings, special needs]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your pet’s stay**

Your pet will be staying with [Boarding Facility] from [date] to [date].

We can request to extend the stay by agreement if you need longer.

**What is provided**

[Boarding Facility] will provide suitable shelter for your pet as long as all parties are in agreement, and [Boarding Facility] will take care of your pet’s day-to-day needs like feeding, cleaning and giving medications. If there are any special instructions, such as how to give medications, please make sure we have them.

**Boarding fees**

[Agency] will pay for the cost of boarding your pet while you reside with us. We ask that you supply your pet’s food and medication during your stay. There may be available funds to help support food costs or emergency vet expenses.

**When your pet arrives**

When pets arrive, they can’t have fleas or ticks, or smell bad. We may be able to provide help with grooming if you need it. If you have or can get your pet’s current vaccination records, please provide them when you check in, or as soon as possible afterwards.

**Supplies for your pet**

While your pet is staying with [Boarding Facility], you’re responsible for providing all the supplies he or she needs, including food and medication.

**No visits**

Unfortunately, while your pet is staying with [Boarding Facility], you won’t be able to visit him or her. We know this is hard, but it is for the safety and wellbeing of your pet and the other animals, and it also helps to protect your safety.

**The end of your pet’s stay**

When you leave [Agency], you must pick up your pet. Please be sure to do this as soon as possible, or contact us right away if you need more time. **We can’t keep pets after the agreed stay is over**. If you don’t pick up your pet and don’t contact us within 24 hours after the end of your time with [Agency], we will consider your pet abandoned and [Agency] will work with our community partners to rehome your pet.

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Pet Owner/Guardian's Signature Date

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Agency Staff's Signature Date