**SHELTER-CLIENT PET AGREEMENT**

*\*The following agreement has been designed to make group living successful and help maintain your safety, the safety of your pets, and the safety of the other residents, staff, volunteers, and visitors in the shelter and on* [shelter] *property.*

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

The pet(s) included on this form may stay with you for the duration of your stay at [shelter].

You agree to care for your pet(s) yourself, and not to expect others (staff, volunteers, or residents) to care for your pet(s).

You are responsible for the behaviour of your pet(s), and for any damage caused by your pets.

You agree to abide by the Pet-Related Shelter Rules (attached document) at all times.

If you consistently break the rules, your pet(s) are disruptive (behaviour, barking, etc.), or you are not caring for your pet(s), you may be required to find alternative shelter for your pet(s).

In the event of an emergency, you are responsible for the care and evacuation of your pet(s).

When you leave [Agency], you must take your pet with you. **We can’t keep pets after the agreed stay is over**. If you don’t leave with your pet, or you leave your pet alone for more than 24 hours, we will consider your pet abandoned and [Agency] will work with our community partners to rehome your pet.

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

Pet Owner/Guardian's Signature Date

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

Agency Staff's Signature Date