**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

You agree to be respectful of other residents who may not want to interact with your pet or may have allergies by keeping the pet(s) in their designated room or area in the shelter. When not in these spaces, entering/exiting the facility, pets must be leashed or in closed carriers or kennels.

For the safety of your pet(s) and other residents, only you and specifically designated staff and volunteers should interact with your pet(s). There should be no interaction between your pet(s) and other residents.

You are responsible for caring for your pet(s) each day. This includes providing appropriate food, water, exercise, scooping/changing of litter, and playtime. You must clean up any messes or accidents that the pet(s) has while inside the shelter. You must maintain a clean living space for the animal while residing at [shelter].

While your pet is staying with you at [shelter], you are responsible for providing all the supplies he or she needs, including food and medication. [Shelter] may be able to help with food and other basic pet supplies.

If your pet(s) frequently barks, meows, chirps, etc. at a noise level that can be heard outside your room, please advise staff upon entry to the shelter so that appropriate accommodations can be made to avoid disturbing other residents.

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

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 arrive, or as soon as possible afterwards.

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.

If you do not follow these rules during your stay, [shelter] may require you to find alternative placement for your pet.

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Pet Owner/Guardian's Signature Date

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

Agency Staff's Signature Date