

CONFIDENTIAL



Staff Confidentiality Agreement: Pet Protection Program

I, _____, understand that in the course of my employment, I may have access to and become acquainted with confidential information applicable to the Pet Protection Program (PPP). As a member of the support staff for the program, I agree to and understand the following conditions and requirements:

- I agree not to divulge the names or locations of any additional sheltering sites associated with PPP.
- I agree not to divulge the names of PPP clients, nor to disclose any information regarding those clients that may in any way identify them.
- I agree not to have personal, social or business contact with any person who has been a client of PPP within the past year, except as providing services related to animal welfare.
- I agree not to disclose the whereabouts of any animal within the PPP program, at any time, except to other approved staff.

I agree that I will not disclose any of the above information directly or indirectly, or use it in any way, either during the term of my employment or at any time thereafter, except when required in the course of my employment with the agency.

I understand that any violation of this confidentiality agreement incurred through my actions will result in disciplinary action and/or termination of my employment, and/or any other legal remedy available to Kitsap Humane Society. I acknowledge receipt and retention of this signed agreement.

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Signature: _____

Witness name: _____

Witness Signature: _____ Date: _____

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**Temporary Placement Agreement for Owned Pets
Pet Protection Program**

Name: _____

Phone: _____ May we leave a message? Yes No

Alternate Phone: _____ May we leave a message? Yes No

Email: _____

Address: _____

City, State, Zip: _____

Emergency Contact Name: _____ Phone: _____

Pet Name	Breed	Gender	Spayed/Neutered?	Identifying information (color, etc)
		M / F	Y / N	
		M / F	Y / N	
		M / F	Y / N	

Contact Information for Kitsap Humane Society Staff:

Foster Care Coordinator: Megan Allan | email: mallan@kitsap-humane.org | phone: 360-692-6977 ext. 1207

Admissions: email: admissions@kitsap-humane.org | phone: 360-692-6977 ext. 1123

Assistant Director of Animal Welfare: Samantha Fairweather | sfairweather@kitsap-humane.org | 360-692-6977 ext. 1225

Kitsap Humane Society (hereafter referred to as KHS) hereby agrees to temporarily board the above-identified pet(s) on behalf of the above-identified owner for a period of up to 45 days, unless KHS, at its sole discretion, agrees to extend this agreement for another agreed-upon period of time, not to exceed 90 days. Upon expiration of the agreed upon period of time, Owner hereby forfeits ownership of the pet to KHS who shall permanently rehome the pet(s) .

Please read and initial each of the following:

_____ I understand that my contract will begin on _____ and end on _____. Should I not reclaim my pet(s) by _____, my pet(s) will be considered permanently relinquished to KHS. I understand that I may request an extension to my contract, not exceeding 90 days of total care, but I realize that approval of my request is subject to the discretion of KHS staff, and may be denied.

_____ I understand that KHS 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. I understand I must notify KHS within 72 hours of the scheduled pickup date if a designated person is to take my place for pickup of my pet(s).

_____ I will provide KHS with accurate and honest information concerning the health and temperament of my pet(s). I agree that, to the best of my knowledge, my pet(s) entering the PPP program are medically and behaviorally sound, and I agree to disclose anything of concern. I recognize that failure to do so may result in the termination of this contract.



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_____ I authorize KHS to prescribe for, vaccinate, groom and/or provide basic preventive care for my pet(s). I understand KHS representatives 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) need(s) special services, medications or life saving procedures, I understand that KHS will make reasonable attempts to contact me prior to administering treatment to inform me of this need, but may do whatever is necessary for the health and safety of my pet(s).

_____ 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 if that is what is medically warranted in the situation. I authorize KHS to euthanize my pet due to illness or injury if: (1) an emergency medical situation arises and, in the opinion of KHS, my pet is suffering, or (2) I have been contacted by a KHS representative about my pet's condition and fail to return calls or correspondence.

_____ If my pet(s) has not been previously spayed or neutered and microchipped, I agree to authorize KHS to perform these procedures prior to returning my pet(s) to my custody; I understand that as a requirement of participating in this program, my pet(s) will be spayed or neutered, and microchipped, prior to being returned to my custody.

_____ I understand that KHS shall not be responsible for providing medical care and/or wellness care beyond the termination of the PPP contract. During the duration of this contract, KHS is only obligated to provide medical care within their means and discretion.

_____ I understand and agree that my pet(s) may be placed at a shelter, in a boarding facility, a vet's office, or with a qualified foster volunteer. I understand that all placement information is confidential and that the name, phone number and/or address of the pet's whereabouts will not be released to me or any of my associates.

_____ I agree to provide KHS with access to my pet(s) medical records and any other records requested.

_____ I will not hold KHS, staff or volunteers liable for any illness or injury that my pet(s) might incur. Should KHS choose to kennel my pet(s), I will not hold any such shelter, kennel or vet's office or their staff liable for any illness or injury that my pet(s) might incur.

_____ I understand that it is my responsibility to notify KHS if I change housing or if my contact information should change. It is not the responsibility of KHS to locate me when my contract ends. If I change locations or contact information and do not notify KHS by my contract end, I understand my pet(s) will be considered abandoned and permanently relinquished to KHS.

_____ Should I wish to reclaim my pet(s) prior to the date established in this contract, I understand that I must provide at least 72 hours notice to KHS.

_____ If at any point I find that I cannot resume responsibility and care of the pet(s), I agree to immediately contact KHS and arrange for the sunder of the pet(s).

_____ To the best of my knowledge, each pet(s) described has not bitten any person or animal within the last 10 days

_____ I agree on behalf of myself, my heirs, personal representatives and executors to allow the KHS to use photographs, videotapes and/or digital likenesses taken of my pet(s) along with their story for use in public relations efforts.

I certify that I have read, fully understand, and accept all terms of this agreement

Signature: _____ Date _____

KHS Staff Witness Name: _____

Form of Identification seen? _____ Entered into Shelter Buddy? _____

KHS Staff Witness Signature: _____ Date: _____

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Contract Extension Agreement

I, _____, hereby request Kitsap Humane Society to extend my temporary placement agreement for my pet(s), as agreed upon on _____.

This contract will has been extended until _____.

I recognize that my pet(s) will be considered permanently relinquished to KHS if I do not reclaim them by the above agreed date. I understand that all terms and agreements of the original temporary placement agreement continue during the extension period.

Pet Name	Breed	Gender	Spayed/Neutered?	Identifying information (color, etc)
		M / F	Y / N	
		M / F	Y / N	
		M / F	Y / N	

I certify that I have read, fully understand, and accept all terms of this agreement

Signature: _____ Date _____

KHS Staff Witness Name: _____

KHS Staff Witness Signature: _____ Date: _____

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Contract Conclusion Reminder

Date: _____

Dear _____,

This is a reminder that your contract with Kitsap Humane Society’s “Pet Protection Program is coming to an end.

It is **your** responsibility to contact the KHS admissions team at 360-692-6977 ext 1123, or via email at admissions@kitsap-humane.org to make arrangements to reclaim your pet(s).

Should we not hear from you by end of day on _____, we shall consider your pet(s) abandoned and permanently relinquished to KHS, and we shall do whatever we feel is in the best interest of the pet(s).

Pet Name	Breed	Gender	Spayed/Neutered?	Identifying information (color, etc)
		M / F	Y / N	
		M / F	Y / N	
		M / F	Y / N	

We regret that we cannot house your pet(s) indefinitely, however, we have many others in need of our temporary housing services. Our primary concern is that all the pet(s) have the best quality of life possible.

With kind regards,

Kitsap Humane Society

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Pet Protection Program: Pet Release to Owner Checklist

Contract Start Date:	Release Date:
KHS Staff Name:	KHS Staff Signature

Owner Name:	
Pet Name:	ID Number:
Pet Name:	ID Number:
Pet Name:	ID Number:

Photo ID checked and approved	Initial: _____
Written/verbal consent of owner if non-owner pick-up	Initial: _____
Photo ID checked and copied if non-owner pick-up	Initial: _____
Spay/Neuter and Microchip Completion Verified	Initial: _____
Medical records given to owner	Initial: _____

I have received my pet(s) on _____ and have read and understand the information on this form. I understand that by reclaiming my pet(s), I take on full responsibility for their care and my contract for care as part of "Pet Protection Program" is terminated.

Owner Signature _____ Date: _____

Non-Owner Signature _____ Date: _____

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Medical Authorization

I, _____, as owner of the pet(s) identified below:

Pet Name	Breed	Gender	Spayed/Neutered	Identifying information (color, etc)
		M / F	Y / N	
		M / F	Y / N	
		M / F	Y / N	

Hereby authorize KHS to administer medical treatment to my pet(s), including but not limited to:

- Spay/Neuter procedure if needed
- Vaccinations
- Emergency surgical treatment if needed
- Microchip
- Grooming if needed
- Diagnostics and medical treatment if needed

I also consent to the administration of necessary anesthetics for these procedures. I understand that no guarantee of successful results is made in the event that KHS treats my pet. I understand that there are risks associated with all treatments and procedures, and I will not hold KHS, KHS employees or foster parents liable for any complications, including death, that may arise.

Name _____ Signature _____ Date _____

Veterinarian Release

I give my permission to _____ Animal Clinic to release any and all medical records for my pet(s) _____ to KHS.

Name _____ Signature _____ Date _____

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“Pet Protection Program” Receiving Checklist

Contract Start Date:	Release Date:
KHS Staff Name:	KHS Staff Signature:
Owner Name:	Phone:
Email:	Alternate Phone:
Emergency contact name:	Phone:
Pet Name:	ID Number:
Pet Name:	ID Number:
Pet Name:	ID Number:

Staff member clearly explained the end of contract date to owner (45 days from intake)	Initial: _____
Form 001 “Temporary Placement Agreement for Owned Pets” completed and signed.	Initial: _____
Form 002 “Medical Authorization” completed and signed	Initial: _____
Pet(s) profile forms completed	Initial: _____
Photo ID seen and entered into Shelter Buddy	Initial: _____
Pet(s) names changed in Shelter Buddy, with “PPP Animal— FKA (XXXXXX)” entered into Ownership notes	Initial: _____
Special Note added to Shelter Buddy: “CONFIDENTIAL—PPP ANIMAL. Do not share information with public. Conclusion reminder due MM/DD/YY” (dated one week before contract conclusion)	Initial: _____
Identifying tags/collars removed, labelled and stored (if applicable)	Initial: _____
Spay/Neuter and Microchip Check Complete	Initial: _____
Spay/Neuter Procedure Scheduled if Needed	Initial: _____

Given to Client:

Copy of form 001 “Temporary Placement Agreement for Owned Pets”	Initial: _____
Copy of form 002 “Medical Authorization”	Initial: _____
Copy of “Pet Protection Program: Frequently Asked Questions for PPP Clients”	Initial: _____

Once checklist is completed, please take all completed paperwork to the FCC, ADAW or DAW.



Pet Protection Program: Providing Temporary Care for Owned Animals

Frequently Asked Questions for PPP Clients

May I visit my pet while it is in PPP?

No. An PPP client may not visit their pet during the contract period. There are two reasons for this: First, the pet may get more stressed by seeing the owner without being able to go home. Secondly, in order to protect confidentiality, KHS does not allow foster parents and clients to meet.

What about my pet's medical/veterinary needs?

All pets entering PPP will be vaccinated upon entry into the program, if no proof of current vaccinations is available. All pets will be spayed/neutered unless the veterinary staff deems that the surgery would negatively impact the pet(s) health or well-being. In the case of an emergency, the PPP client will be contacted to make a decision about the pet(s) needs. If the client cannot be reached or if time is of the essence in making a decision, the veterinary staff will make the best choice in an effort to save the pet. The PPP client is not expected to cover the costs of these services.

Where will my pet stay?

KHS tries to put all PPP pets in foster care. If the pet cannot be placed in foster care, the pet may be kept in an undisclosed shelter location or boarding facility. All pets whereabouts are kept confidential for safety reasons.

Will the foster parents want to keep my pet?

PPP foster parents are trained and understand the sensitivity of the PPP program. Although foster parents may become attached to an PPP pet, they are well aware of their responsibility, as foster parents, to return the pet to the owner upon completion of the contract.

What if I need more time?

If the client needs to extend the PPP contract, he or she must contact the Foster Care Coordinator before the contract expires. All contract extensions are considered on a case-by-case basis, depending on the needs of the pet and the client. KHS may grant one additional 45 day extension period.

What if I want to pick my pet up earlier than the contract date?

Of course this is okay! However, clients are asked to give the KHS Foster Care Coordinator 72-hours notice in order to get the pet back from foster care.

What if I have a unique pet (not a dog or cat)?

The PPP program views ALL pets as important members of the family. KHS does not discriminate against any kind of pet. However, PPP will only take in the kinds of pets that the shelter is able to handle appropriately. These decisions are made on a case-by-case basis.

Who do I keep in contact with?

PPP clients should maintain contact with the Foster Care Coordinator only, to maintain confidentiality and clear communication. Should the Foster Care Coordinator not be available, please contact the Assistant Director of Animal Welfare. Contact information for these staff members will be provided at the time that the Placement Agreement is signed.