

CONFIDENTIAL



**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: _____