

**Flagler Humane Society
Project Safe Families Safe Pets
Animal Care Agreement**

Referring Agency: _____

This document constitutes a legal and binding Agreement between the animal's Owner/Authorized Agent and the Flagler Humane Society.

I, _____, *(Owner or Authorized Agent)*

declare that I am in the process of leaving an abusive living situation and relocating myself to a situation that is appropriate and safe. I assert that the person from whom I am separating myself either has threatened harm to my animal(s), or has inflicted harm on my animal(s), or has neglected my animal(s), OR I fear that the abusive person from whom I am separating myself will harm my animal, and recognizing that I cannot safely leave the animal with such a person and recognizing that I cannot provide care and safety myself during this transition to another living situation, I hereby transfer ownership of my companion animal(s), as described in this Agreement, to the Flagler Humane Society, and I hereby agree to the following terms and conditions.

(Owner/Agent is to initial the bottom of each page to acknowledge his/her complete understanding of and agreement to the terms of this Agreement.)

1. To the best of my ability, I agree to provide Flagler Humane Society with complete, accurate, and honest information concerning the health and temperament of my animal(s).
2. I hereby understand and agree that, if my animal(s) is not already spayed or neutered, as confirmed by my animal(s) veterinary records and/or upon examination by Flagler Humane Society, and my animal(s) is under ten (10) years of age, my animal(s) will be spay/neutered by Flagler Humane Society, at a low cost to me (at the current cost of a low cost spay/neuter certificate), prior to the release of my animal(s).
(Complete and attach surgery consent form.)
3. I hereby understand and agree that, if my animal(s) vaccinations are not current, including vaccination against the rabies virus, as confirmed by my animal(s) veterinary records, Flagler Humane Society will administer to my animal(s), at low cost to me, all vaccinations and any other medical tests deemed necessary.
4. I hereby understand and agree that, if my animal(s) are four (4) months of age or older and does not have a current Palm Coast/Bunnell/Flagler Beach license, and if I am and intend to continue to be a resident of Flagler County, Florida, my animal(s) will be licensed prior to my animal(s) release to me, and further, I agree to pay to the Flagler Humane Society the fee for this license.
5. I hereby understand and agree that if I do not claim my animal(s) by _____, unless I or an authorized agent have made prior arrangements with Flagler Humane Society to extend this period of temporary foster care, disposition of my animal(s) will be determined by Flagler Humane Society.

Initial of agreement: _____

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6. I hereby understand and agree that the Flagler Humane Society will care for my animal(s) to the best of their ability and I hereby agree that I will not hold the Humane Society liable for any illness or injury that my animal(s) might incur, nor any loss or theft of my animal(s) during this period of foster care, and further, I hereby agree to indemnify and hold harmless the Flagler Humane Society, its employees, volunteers, agents, and assigns, from any and all liability arising out of or in consequence of, any illness or injury sustained by my animal(s) during this period of foster care.
7. I hereby understand and agree that the Flagler Humane Society will provide reasonable and basic health care for my animal(s) during the period of foster care. However, if my animal(s), for any reason, require veterinary care during this period, I agree to reimburse the Flagler Humane Society the full amount of the cost of said veterinary care. Should I need to reimburse said cost in installments, I will abide by the installment agreement as prepared and agreed upon by the Flagler Humane Society.
8. I hereby understand and agree that if my animal(s) become ill or injured during this period of foster care, Flagler Humane Society will notify me immediately, directly or through my authorized agent. Should my animal(s) become gravely ill or severely injured to the point that his/her suffering cannot be reasonably alleviated, I agree to either reclaim my animal(s) immediately or authorize the Flagler Humane Society to euthanize my animal, and further, in the event the Flagler Humane Society is unable to reach me or my authorized agent, I hereby authorize the Humane Society to euthanize my animal(s) at their sole discretion.
9. I hereby understand and agree that my animal(s) will be housed at a location deemed appropriate by the Flagler Humane Society, and that, for the safety of all parties to this agreement and all parties in any way involved in the care of my animal(s), that location will remain strictly confidential and will be known only to the administrators of the Flagler Humane Society Foster Care Program, and further, I agree to keep strictly confidential the fact that my animal(s) were released to the care of the Flagler Humane Society.
10. I hereby understand and agree that for the protection of all parties to this agreement and all parties involved in the foster care of my animal(s), I agree that my sole liaison with the Flagler Humane Society will be myself and/or by authorized agent.
11. I hereby understand and agree that if the placement of my animal(s) into the care of the Flagler Humane Society was due to a domestic violence situation and I chose to return to this situation, I understand that for the protection of my animal(s), the Flagler Humane Society will not return my animal(s) to me and their disposition will be determined at the sole discretion of the Humane Society.
12. I hereby understand and agree that, in the event is it determined through legal proceedings within the period of this temporary foster care agreement that I am no longer physically, mentally, or emotionally capable of care for myself and/or my animal(s), the Flagler Humane Society will not return by animal(s) to me and their disposition will be determined at the sole discretion of the Humane Society.
13. I hereby understand and agree that the Flagler Humane Society has the right to return my animal(s) to me at any time that my animal(s) may become dangerously aggressive or develop health or behavior problems which require attention above and beyond the resources of the Flagler Humane Society.

Initial of agreement: _____

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14. I hereby understand and agree that I will provide the Flagler Humane Society with at least a 48 hour notice prior to reclaiming my animal(s) and I understand that the Flagler Humane Society will return my animal(s) ONLY to me or my authorized agent, and that my animal(s) are to be reclaimed at the Humane Society premises. If the placement of my animal(s) into the care of the Flagler Humane Society is due to a domestic violence situation and the animal(s) are to return to living with me, evidence that I am no longer in an abusive situation would be required, for example but not limited to: a copy of a new lease agreement for a new residence, a written statement from a family member or a friend with whom I intend to live, or if I return to the former residence, a copy of Protection from Abuse Order from the court.
15. I hereby understand and agree that the Flagler Humane Society has the right to refuse to enter into a temporary foster care agreement with any person and for any reason.
16. I hereby understand and agree that the Flagler Humane Society will not release information to me or anyone else regarding the location of my animal(s) or release information as to my location.
17. I hereby understand and agree that in the unlikely event that my location or the location of my animal(s) does become known to persons who later inflict harm on me or my animal(s), I will hold the Flagler Humane Society blameless from liability of any kind.

I understand and agree to all the above stipulations.

Signature of Owner or Authorize Agent

Date

Signature of Flagler Humane Society Employee

Date

The following is a brief description of my animal(s) that are hereby released to the sheltering and care of the Flagler Humane Society:

Name: _____	Name: _____	Name: _____
Species: _____	Species: _____	Species: _____
Breed: _____	Breed: _____	Breed: _____
Age: _____	Age: _____	Age: _____
Sex/Altered: _____	Sex/Altered: _____	Sex/Altered: _____

Initial of agreement: _____

I UNDERSTAND THE TERMS OF THIS AGREEMENT. I AM IN A MENTAL STATE CAPABLE OF EXERCISING JUDGEMENT AND MAKING A FREE DECISION TO ENTER INTO THIS AGREEMENT. I AGREE TO ABIDE BY ITS TERMS.

Print Name: Owner/Authorized Agent

Phone Number

Signature

Today's Date

Contact Person other than Authorized Agent

Phone Number

(If Authorized Agent: please provide supporting documentation, such as a picture ID/driver's license)

Flagler Humane Society Contact Name

Date

Signature

PLEASE BE AWARE: Under certain circumstances, this emergency program may be available to you **ONLY ONE TIME**. This applies particularly to situations that you have the potential to control, such as returning to an abusive situation or repeated homelessness. As soon as you are able, it would be to your advantage to make arrangements for alternative safe housing and care for your animal(s) in the event of future need.

Flagler Humane Society
Project Safe Families, Safe Pets
Animal Receiving Form

Owner's Name: _____ Phone #: _____

Owner's Address: _____

Employment Name: _____ Phone #: _____

Employment Address: _____

Temporary Shelter Address: _____

Temporary Shelter Phone #: _____

In case of emergency: _____ Phone: _____

Name of Animal(s): _____

Type of Animal(s): _____

Current license number: _____

Anticipated length of protective custody for animal(s): _____

Do you need assistance getting you animal(s) to protective custody? _____

Do you expect anyone to come looking for your animal(s)? _____

If so, who? _____

Are your animal(s) vaccinations current? _____ If no, date of last? _____

Veterinarian: _____ Phone: _____

Does your animal(s) have any allergies? _____

Items left with animal(s): _____

Please provide a photo ID so that when you come to pick up your animal(s), it will be returned only to you and so that we may positively identify you.

Flagler Humane Society
Project Safe Families, Safe Pets
Sterilization Surgery Consent Agreement

I, _____, hereby authorize the surgical sterilization of my following described animal(s) to be performed by Flagler Humane Society, or its agents.

Name: _____	Name: _____	Name: _____
Species: _____	Species: _____	Species: _____
Breed: _____	Breed: _____	Breed: _____
Age: _____	Age: _____	Age: _____
Sex: _____	Sex: _____	Sex: _____

To my knowledge, the above animal(s) are in good health.

I hereby also authorize the use of such anesthetics as deemed advisable by the Flagler Humane Society and for the performance of such surgical and therapeutic procedures as is determined necessary by the Flagler Humane Society.

I understand and agree that all post-operative care (if any) after my animal's return to me will be my sole responsible.

I am the owner of the above animal(s), or am responsible for it as authorized agent, and have the authority to execute this consent.

I agree to indemnify and hold harmless the Flagler Humane Society, its attending veterinarian, surgical/medical technicians and support staff, from and against any and all liability arising out of the performance of all procedures referred to above.

Print Name of Owner or Authorized Agent

Date

Signature

**Flagler Humane Society
Project Safe Families, Safe Pets
Release of Animal(s) Agreement**

The Flagler Humane Society on this date, _____, releases back into custody of _____, the animal(s) described as _____ (ID #), which has been in custody of the Flagler Humane Society, Project Safe Families, Safe Pets program. Proper identification has been provided that the person receiving custody of the animal(s) is the animals owner or authorized agent.

Driver's License Checked? No Yes

Proof of removal from abusive situation No Yes
(New lease agreement, protection from abuse order, etc)

Signature of Owner or Authorized Agent

Date

Signature of Flagler Humane Society Contact

Date