



Calgary Humane Society

**PET SAFEKEEPING (“PSK”) PROGRAM
OWNER AGREEMENT**

Owner Information

Name: _____

Address: _____

Phone(s): _____

(Is it safe to leave detailed messages at this number? Yes No)

I, _____ (*pet owner’s name*), as the owner of the animal(s) described on the Referral Form, hereby release my animal(s) to the Calgary Humane Society (“CHS”) for temporary care beginning on _____ (*date*), and ending on _____ (“end date”).

As a condition of releasing my animal(s) to the CHS’s PSK Program, I understand and agree as follows:

General

1. The CHS will provide daily water, food, shelter, socialization, exercise and care for my animal(s). If my animal(s) require(s) a special diet, I will provide enough food for the length of time my animal(s) is/are in the CHS’s care. I will also provide an information sheet with feeding instructions.
2. If my animal(s) require(s) medication, I will provide enough medication for the length of time my animal(s) is/are in the CHS’s care. I will also provide an information sheet with medication instructions from my veterinarian.
3. As it is unsafe and stressful for both the animal(s) and their owners, I will not be permitted to visit my animal(s) while the animal(s) is/are in the PSK Program. However, I may call the Violence Prevention Coordinator (Monday to Friday during normal office hours) for updates.
4. The CHS may place my animal(s) with foster care volunteers while my animal(s) is/are in the PSK Program. If my animal(s) goes/go to foster care, the foster volunteers will provide daily water, food, shelter, socialization, exercise and care for my animal(s).

Duration, Pick-Up and Surrender

5. My animal(s) may remain in the PSK Program for a total of 21 days, unless extended (see below).
6. I will pick up my animal(s) on the end date noted above. I will be contacted a few days prior to the end date by the CHS to confirm the pick-up. I may pick up my animal(s) before the end date on providing the CHS a minimum of 48 hours prior notice.
7. The CHS will not release my animal(s) to the person that I am seeking shelter from. However, I can designate another person to pick my animal(s) up from the CHS by filling out and signing the Designate Pick-Up Form, having it witnessed by a person other than the designate, and providing the form to the CHS.
8. A one week extension of the PSK Program may be granted for my animal(s) at the sole discretion of CHS, depending upon the circumstances. I will contact the PSK Program as soon as possible if I wish to seek an extension.
9. If I do not reclaim my animal(s) by the end date noted above, seek an extension of the PSK Program or make other arrangements acceptable to the CHS, I will be deemed to have surrendered all my ownership rights and interests of any kind in my animal(s). Upon the surrender of my animal(s) to the CHS, I understand and agree that the decision as to the fate (adoption or euthanasia) of my animal(s) will be at the sole discretion of the CHS.
10. I will complete a Profile and Behaviour Report to assist the CHS with care and possible re-homing of my animal(s), should it become necessary.

Health and Veterinary Issues

11. CHS staff and volunteers will provide the best possible care for my animal(s) and I will not hold CHS staff or volunteers liable for sickness, injury, loss or death of my animal(s).
12. My animal(s) will be provided with an initial health exam when my animal(s) enter(s) the PSK Program. If at any point during the length of time my animal(s) is/are in the PSK Program CHS Animal Health staff determines that my animal(s) require(s) medical treatment, I will be contacted by the CHS to discuss and agree upon the appropriate treatment. I give permission to CHS staff to contact me for that purpose.
13. If my animal(s) require immediate medical treatment and the CHS is unable to get in contact with me, treatment deemed necessary by CHS Animal Health staff may be provided without my prior knowledge or permission.
14. At its sole discretion depending upon the circumstances, the CHS may require reimbursement for the cost of any medical treatment provided to my animal(s), whether provided with or without my permission. My animal(s) may not be released until I pay all such amounts.

15. Vaccinations may be provided to my animal(s) at no charge to me if vaccinations are not up to date. If available, I will provide the CHS with vaccination records for my animal(s).
16. If my animal(s) are not spayed or neutered, the CHS will offer complimentary spaying/neutering for my animal(s).
17. In the event the CHS determines my animal(s) has/have been abused or neglected upon intake, the CHS may be required by law not to release my animal(s), pending investigation. A CHS Peace Officer will open a file, and a full examination of the animal(s) in question will be undertaken. Contacts with other agencies may be initiated at this time.
18. In cases of emergency where a licensed veterinarian deems the health of my animal(s) to be so impaired that to sustain my animal(s) would be inhumane, I understand and agree that the CHS reserves the right to euthanize my animal(s). In cases where pain can be relieved before my animal(s) is/are euthanized, the CHS will attempt to contact me to discuss the welfare of my animal(s). However, I give express permission to the CHS to euthanize my animal(s) in an emergency without contacting me prior to euthanasia.

Confidentiality

19. The PSK Program is strictly confidential. I will not divulge any information regarding the location of my animal(s) enrolled in the PSK Program to anyone. For security reasons, the CHS will not divulge any information regarding the presence of my animal(s) in the CHS PSK Program to anyone other than myself, my designate or the referring service agency or professional.

Proof of Ownership and Indemnity

20. If available, I will provide the CHS with written proof of my ownership of the animal(s) referred to on the Referral Form. If such proof is unavailable, by signing this Owner Agreement, I warrant that I am the legal owner of the animal(s) referred to on the Referral Form, and agree to indemnify and hold the CHS harmless from any loss or damage claimed by any third parties with respect to the participation of the animal(s) in the PSK Program.

OWNER NAME

WITNESS NAME

OWNER SIGNATURE

WITNESS SIGNATURE

Date

Date

Proof of ownership provided Yes No
(If yes, specify type and attach copy: _____)