

# Safe Haven Program

## OWNER AGREEMENT & RELEASE OF LIABILITY



I, \_\_\_\_\_, request that the Humane Rescue Alliance (HRA) provide protective custody to my companion animal(s) \_\_\_\_\_ while I secure pet-friendly housing for me and my pet(s).

I certify that I am the owner of this animal(s) and therefore acknowledge and agree to the following as conditions of my animal(s)'s enrollment in HRA's Safe Haven program.

- (1) I understand that the Safe Haven program is intended to provide temporary housing to animals owned by victims of domestic violence who have filed for a civil protection order or where the crime has been reported to the police.
- (2) I understand that enrollment of my animal(s) in the Safe Haven program is dependent upon me working actively with a case manager or advocate in order to meet my own needs, including pet friendly housing.
- (3) I understand that the Safe Haven program will provide temporary care and housing to my animal(s) for up to 90 days while I am in an unsafe situation or housing that does not permit them and while I seek pet-friendly housing. Upon signing of this agreement I have agreed to a pick up date of \_\_\_\_\_ (90 days from now), but understand that I may arrange an earlier date for pickup if my circumstances make possible my animal's return to me before the 90 day period ends. *Extensions of this time period are considered on a case by case basis in coordination with your HRA case manager.*
- (4) I understand that if I miss the date of pick up and do not notify or coordinate an extension in advance with the HRA program manager, ownership of my animal(s) will be transferred to HRA.
- (5) I agree to communicate with the HRA program manager every two weeks via email, phone, and/or text message so that HRA can make appropriate care decisions for my animal(s) in light of progress made in my efforts to secure pet-friendly housing.
- (6) I consent for HRA to be a temporary caregiver to my animal(s), solely responsible for decisions related to my animal's daily, behavioral, and medical care needs. Therefore, I consent to the diagnosis and treatment of medical or behavioral conditions that may arise during my animal's stay in protective custody, and I understand that I may not be consulted before treatment but that I will be notified after appropriate care has been provided. This may include medication to help

minimize my pet's anxiety and stress during his/her stay in protective custody, and I understand that HRA staff will make treatment decisions based on my animal's quality of life and in the best interests of my animal(s). I understand, also, that there may be conditions for which treatment may be considered beyond what would normally be provided to HRA animals, and therefore pursuing these courses of treatment would be at my own expense. Additionally, any prescribed treatment that is necessary to continue beyond my animal's stay in the Safe Haven program will be at my own expense after my animal is released back into my care.

- (7) I agree to allow my animal(s) to be temporarily housed in an HRA-approved boarding kennel, shelter, or foster home at the sole discretion of HRA staff.
- (8) I understand that I am not permitted to visit my animal(s) while he/she is enrolled in the Safe Haven program.
- (9) If my animal(s) is currently receiving medication for a condition existing at time of enrollment, I will make that known to HRA and, if possible, will provide that medicine to HRA at time of enrollment.
- (10) If my animal(s) is unsterilized, I consent to allow HRA to sterilize (spay/neuter) my animal(s) and administer necessary vaccinations prior to release back into my care.
- (11) I understand that HRA is not responsible for any loss or damage to any belongings left with my animal(s) during his/her stay, including, but not limited to: leashes, harnesses, collars, carriers, etc.
- (12) I agree to release and discharge HRA, its successors, and assigns from any and all claims, liabilities, demands, damages, losses, costs, debts, obligations, and causes of action whatsoever, whether known or unknown, that may arise from HRA's provision of protective custody, including but not limited to HRA's care or treatment of the animal or the death or injury of the animal while in protective custody, or the provision of medical treatment by HRA or a third-party pursuant to Paragraph 3. This release extends and applies to all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss, and the consequences of them as well as those not disclosed and known to exist. I understand that surgery of any kind (including sterilization) can present some hazards and that injury to or death of an animal, while rare, may conceivably result, as there is some risk associated with the anesthetic drugs used and in the procedure itself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your case manager at HRA is \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_