

Safe for Pets too.

In Transition with You.



Intake Form & Waivers Admission Package

Include the name / location of the Transition House / Outreach Office:

Please note that the information on these forms is confidential and will be kept on file with the transition house, the New Brunswick SPCA and Safe For Pets Too program. The fostering caregiver/family and the attending veterinarian will not know who you are unless you sign a consent form to release that information.

Owner Admission Agreement - Information

Date: _____

Name: _____

Birthdate: _____

Phone: _____ Alternate phone(s): _____

Emergency contact: _____

Animal(s) name(s): _____

Claim of Ownership

I am the lawful owner or one of the lawful owners of the following animal(s):

I have lawful authority to possess this animal and give consent for its safekeeping on a temporary basis, and will indemnify and hold harmless the Safe For Pets Too committee, its members, the transition house, outreach program and the NBSPCA from any action, demand or proceeding taken against them by any other person claiming to be an owner of this animal(s) for any reason.

Owner name (print)

Owner signature

Date

Witness name (print)

Witness signature

Date

Admission Agreement

Consent and Release for Veterinary Care and Fostering

The following agreement is made between the undersigned owner and **the Safe For Pets Too: in transition with you** program (SFPT).

The parties agree that:

Ownership:

1. The undersigned owner is in fact the owner of the animal(s) and has the right and authority to place the animal(s) in the custody of the SFPT program under the terms of this agreement.

(a) Name of 1st animal: _____

(b) Name of 2nd animal: _____

(c) Name of 3rd animal: _____

(if more than 3 animals please complete additional package)

2. The animal(s) shall remain the property of the owner. The owner grants temporary guardianship to SFPT.

Length of Agreement

3. The owner releases the custody of the animal(s) to SFPT for a period up to 30 days beginning today, _____.

Visitation

4. The owner will not be permitted to visit the animal(s) or know of its whereabouts, but efforts will be made to provide weekly updates.

Reclaiming Animal

5. The owner agrees to pick up the animal(s) from SFPT no later than 30 days after the date indicated on the last page of this intake application and signed by the owner. If the owner is unable to do so by such date, or wishes the animals to be returned earlier, the owner must ask the same transition house or outreach service that did their intake to contact SFPT to make alternative arrangements.
6. If the owner fails to reclaim their animal(s) within 30 days of the date on their intake application, without contacting the SFPT program, the animal(s) will be deemed abandoned as per the NBSPCA Act and will be surrendered to the NBSPCA.

Medical Care

7. The owner grants permission for SFPT to arrange for a veterinarian to do a complimentary physical exam of the animal(s) to evaluate overall health and temperament. The owner grants permission for SFPT to obtain treatment, if so recommended by the attending veterinarian, and to provide appropriate vaccinations and deworming. If a valid vaccination record is not provided by the owner then it will be assumed the animal(s) is not current on vaccinations. Efforts will be made to contact the owner before treatment barring an emergency situation. The cost of medical care beyond the examination, vaccination and deworming will be the responsibility of the pet owner.

8. **Release**

The owner hereby releases and forever discharges the SFPT Program, its officers, agents, volunteers and employees, including any veterinary staff who examine and/or treat the animal(s), the transition house, outreach program, the foster caregivers/family keeping the animal(s), and the NBSPCA, its successors and assigns, (the "SFPT Participants") from any and all claims, actions or demands ("claims"), of any kind whatsoever which may arise from the taking custody of the animal(s) or providing care and services under this Agreement and the SFPT Guidelines, including but not limited to all claims for negligence, veterinary malpractice, conversion, breach of contract, personal injury or any and all injuries, damages, losses and liabilities and the consequences of them while the animal(s) is under such care.

Right to Refuse and Terminate

- 9. SFPT reserves the right to refuse to admit any animal(s) into this program if it is deemed aggressive, a carrier of zoonotic disease (diseases transferable to humans) or unsafe to handle.
- 10. SFPT reserves the right to terminate this agreement at any time in which case the animal(s) would be returned to the owner.

Voluntariness/Binding Agreement

11. The owner has received a copy of the SFPT Admission Package and has carefully read and understands the terms of this Agreement, and the release contained herein, and is executing this Agreement voluntarily. The provisions of this Agreement shall benefit and be binding upon the owner and the SFPT Participants and their respective heirs, executors, administrators, legal representatives, successors and assigns.

Date: _____

Signatures

Owner _____ (print name)

Witness _____ (print name)

_____ (sign name)

_____ (sign name)

Pet Information (1st pet)

Please Note: This part of the form will be provided to the veterinarian and fostering caregiver/family to help them care for your animal. Please complete a separate form for each pet.

Pet's Name: _____

Species: Canine ____ Feline ____ Other (provide info): _____

Breed: _____

Gender: Male: Intact____ Neutered ____
Female: Intact____ Spayed _____

Color:_____ Age: _____ Weight: _____

Medical history

Medications:

- 1) Name, strength and dosage: _____
- 2) Name, strength and dosage: _____

Date of last vaccination: _____

Date of last deworming: _____

Special Needs: _____

Is the animal good with:

- Children Yes No
- Dogs Yes No
- Cats Yes No
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*****Please provide us with as much insight as possible on your pet so they can be made as physically and mentally comfortable as possible during their foster care period. Feel free to attach additional information *****

Pet Information (2nd pet)

Please Note: This part of the form will be provided to the veterinarian and fostering caregiver/family to help them care for your animal. Please complete a separate form for each pet.

Pet's Name: _____

Species: Canine ____ Feline ____ Other (provide info): _____

Breed: _____

Gender: Male: Intact____ Neutered ____
Female: Intact____ Spayed _____

Color:_____ Age: _____ Weight: _____

Medical history

Medications:

3) Name, strength and dosage: _____

4) Name, strength and dosage: _____

Date of last vaccination: _____

Date of last deworming: _____

Special Needs: _____

Is the animal good with:

- Children Yes No

- Dogs Yes No

- Cats Yes No

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*****Please provide us with as much insight as possible on your pet so they can be made as physically and mentally comfortable as possible during their foster care period. Feel free to attach additional information *****

Pet Information (3rd pet)

Please Note: This part of the form will be provided to the veterinarian and fostering caregiver/family to help them care for your animal. Please complete a separate form for each pet.

Pet's Name: _____

Species: Canine ____ Feline ____ Other (provide info): _____

Breed: _____

Gender: Male: Intact____ Neutered ____
Female: Intact____ Spayed _____

Color:_____ Age: _____ Weight: _____

Medical history

Medications:

- 5) Name, strength and dosage: _____
- 6) Name, strength and dosage: _____

Date of last vaccination: _____

Date of last deworming: _____

Special Needs: _____

Is the animal good with:

- Children Yes No
- Dogs Yes No
- Cats Yes No

*****Please provide us with as much insight as possible on your pet so they can be made as physically and mentally comfortable as possible during their foster care period. Feel free to attach additional information *****
