



DV OWNER AGREEMENT

MOV Animal Safe Haven

OWNER NAME: _____

DATE: _____

CONTACT INFORMATION

Where you'll be staying:		Shelter ID:
Address:		Fax:
Phone:	Phone:	Other Contact:
Best time to call:		Other Contact Phone:
Anticipated length of time your pet will need foster care:		
Other persons and their phone numbers who are authorized to contact us about your pet.		

I, _____, understand and agree to **all of the following provisions** as the owner of the following animals: _____.

- That MOV Animal Safe Haven (MASH) has agreed to provide temporary care of my pet(s) named above.
- That my pet(s) will be in a confidential location for the period of _____ days; until the date of _____ and that I may not have direct contact with my pet(s) during this time. I understand that at the end of the period specified above, I may request an extension, relinquish my pet(s) or make arrangements to pick up my pet(s) within 48 hours.
- That if I do not arrange to pick up my pet(s) by _____ nor request an extension within 24 hours of that date, to _____ (extension date), my pets will be deemed abandoned, I relinquish all rights to them at that time and they become the property of MOV Animal Safe Haven.
- That only those I designate above will be able to make contact with or receive information from MASH regarding my pet(s). I understand that I am not to disclose to anyone the location of my pet or the name of the foster if it becomes known to me for their safety, my own and my pet(s).
- That when I wish to reclaim my pet, I will contact MASH through the authorized numbers provided above or through the individuals designated above, provide proper identification and arrange for pickup at a time and place agreed to by MASH. At no time will I make any attempt to contact the foster or arrange pickup through other means.
- That I will not hold MASH liable for any damages, illness or injury to my pet(s) while in their care.
- That I am to notify MASH immediately if I wish to terminate rights to my pet(s). At which time, they become MASH property. Such notification must be followed up in writing and with proper identification.

Routine Vet Care: I understand that my pet(s) may receive routine veterinary care in the form of vaccinations, worming, flea treatment as needed and spay/neuter, all at the expense of MASH and that there are always risks associated with any medical procedure and I will not hold MASH liable for any damages, illness, injury or death as a result of treatment or surgery performed on my pet while in their care.

MASH USE ONLY	Client ID:	Foster ID:
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Emergency Vet Care: I consent to emergency treatment for my pet(s) in order to stabilize their condition if it is necessary. I understand that MASH will attempt to contact me and gain my input with regard to treatment if not an emergency. If however they are unable to reach me in a timely fashion that is critical to the care of my pet, I understand and consent to rely upon whatever decisions are made on their behalf by MOV Animal Safe Haven and the attending veterinarian, including humane euthanasia.

Owner Signature: _____

Date: _____

Witness: _____

Date: _____

MOV Animal Safe Haven Representative: _____

Date: _____

MASH USE ONLY	Client ID:	Foster ID:
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