



MEDICAL 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 foster home or my home under their care for the period of _____ days; until the date of _____. 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, if in foster care.
- Foster Care Only:** 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.
- I understand that I may have regular contact, at least weekly with either the volunteer providing care or a MASH representative to obtain updates on how my pet(s) is doing, their activities, etc.
- That only those I designate above will be able to make contact with or receive information from MASH regarding my pet(s).
- That when I am ready 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. I understand that I am to not arrange for pickup via the foster but rather through the MASH representatives designated.
- 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: _____
----------------------	------------------	------------------

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:
----------------------	------------	------------