 MOVANIMALSAFEHAVEN.org  P.O. Box 262, Belpre Ohio 45714  740-989-0000  [safehavenmov@gmail.com](mailto:safehavenmov@gmail.com) MEDICAL OWNER AGREEMENT **** MOV Animal Safe Haven

## **OWNER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Contact Information**

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| --- | --- | --- | --- |
| 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.

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MASH USE ONLY** | Client ID: | Foster ID: |