

**Temporary Placement Agreement for Owned Pets**

Please complete the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the legal owner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby relinquish my pet(s) to the Central Missouri Humane Society for temporary placement through the Animal Safety Net (ASN) program. I understand and agree to the following:

1. The initial placement agreement allows the client 72 hours to find placement at an approved shelter for survivors of domestic violence. I understand that if I do not find placement within this set time frame, I will reclaim my pet(s) by the stipulated date, or my pet(s) will be considered permanently relinquished. The initial contract date begins on \_\_\_\_\_\_\_\_\_\_\_\_\_ and ends on \_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I understand that my contract begins once I find placement at an approved shelter. Should I not reclaim my pet(s) by \_\_\_\_\_\_\_\_\_\_\_\_\_, my pet(s) will be considered permanently relinquished to CMHS. I understand that I may request an extension of my contract, but realize that my request may be denied.
3. As the legal owner, CMHS will only return my pet(s) to me. If I am unable to retrieve my pet(s), I will notify an ASN representative as soon as possible and authorize a friend or family member to pick up my pet(s).
4. I understand that if the pet(s) in question has a microchip that is registered to someone besides myself, they are not eligible to enter the ASN program.
5. I authorize CMHS to prescribe for, vaccinate, groom, and/or provide basic preventative care for my pet(s). This includes sterilization surgery of the animal(s). I understand ASN representatives will determine the acceptable level of care for my pet(s) and will perform any and all procedures it considers therapeutically and/or diagnostically necessary. In the event that my pet(s) needs special services, medications of life-saving procedures, I understand that ASN representatives will make reasonable attempts to contact me, but may do whatever is necessary for the health and safety of my pet(s).
6. Should it be discovered that my pet is severely ill or injured, I will be notified immediately. It shall be my decision alone to reclaim my pet and seek medical treatment. I authorize CMHS to humanely euthanize my pet due to severe illness or injury if: (1) an **emergency** medical situation arises and, in the opinion of CMHS, my pet is suffering, or (2) I have been contacted by an ASN representative regarding the condition of my pet and have failed to return their calls or correspondence. I understand that ASN representatives will make reasonable attempts to contact me but may do whatever is deemed necessary for the health and safety of my pet(s).
7. I understand that CMHS staff and volunteers will use all reasonable precautions again injury, escape, or harm to my pet(s). I also understand that my pet(s) may be exposed to infectious disease or injury as a result of being housed near other pets.
8. I understand and agree that my pet(s) may be housed at the shelter or with a qualified foster volunteer. I will not hold CMHS, staff, or volunteers liable for any illness or injury that my pet(s) might incur.
9. To protect my confidentiality, only my caseworker and I shall be in contact with ASN representatives.
10. CMHS has the right to return my pet(s) to me at any time and for any reason.
11. I will provide an ASN representative with at least 48 hours’ notice if I wish to reclaim my pet(s) prior to the date established in this agreement.
12. I understand that it is my responsibility to notify CMHS if my housing situation changes. It is not the responsibility of an ASN representative to locate me when it is time to reclaim my pet(s). If my housing situation changes and I do not notify CMHS or contact them by my contract end date, I understand that my pet(s) will be considered abandoned and permanently relinquished.
13. I understand that in exchange for value provided, namely housing my pet(s) and providing necessary care, I hereby permanently and irrevocably release CMHS and any and all employees, owners, agents, volunteers, or any other party related to the ASN program from any and all liability or damages which may in any way relate to actions taken towards the care of my pet(s).
14. I understand that if I have questions or concerns at any time, I may contact an ASN representative at (573) 443-7387.

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Client Signature Date