



Consent and Release for Boarding at Cooper's House through Domestic Violence Intervention Program

Resident Name Pet Name Resident Phone Number Client ID

Pets Special Needs

I, _____, am the owner, or agent for the owner, of the animal listed above and have the authority to give this consent. I understand that my pet will be cared for at Cooper's House so long as I am a resident at Domestic Violence Intervention Program. When I leave DVIP, I must make arrangements within 24 hours to retrieve my pet. If I fail to retrieve my pet by the date established in this contract and have failed to make alternative arrangements that the pet has been relinquished to Cooper's House, and that the pet may be turned over to animal protective services.

Any costs incurred for medical care is the responsibility of the pet owner. If emergency medical attention is required, DVIP and Cooper's House staff or volunteers may contact emergency medical services for your pet. If my pet in on medication for an existing condition, I agree to provide that medication to Cooper's House.

Cooper's House and DVIP are not responsible for the care of your animal during their stay at Cooper's House. I, as the pet owner, am responsible for meeting their needs. If I am unable to do so, DVIP may require me to find other housing for my animal.

I, _____, as a resident of DVIP agree to comply with Cooper's House policies for residents with pets.

Shelter Resident Signature

Date

Advocate Signature

Date