OWNER AGREEMENT

I, _________________________________________________, owner/custodian of the animal(s) described below, hereby release my animal(s) to NHA for temporary foster care beginning __________________, and agree to the following:

Please initial each line.

1. This fostering agreement is set for a period of time of 60 days beginning ________________ and ending ________________.

2. I understand and agree that I will have the opportunity to ask for an extension of care for my animal(s), but NHA may not be able to accommodate my request.

3. I understand and agree that if I do not reclaim my animal(s) by ________________, or make other arrangements acceptable to NHA, I will be deemed to have surrendered all my ownership rights and interests of any kind in the said animal(s).

4. I understand and agree that after ________________, NHA may put the animal(s) up for adoption and attempt to place him/her/them in a permanent home or may euthanize the animal(s). The decision whether to euthanize the animal(s) or to allow adoption after said date will be made by NHA in its sole and absolute discretion.

5. NHA will return my animal(s) only to me, unless I surrender my animal(s) to NHA or designate a person to claim my animal in my place, in which case I will notify NHA at least 72 hours prior. If I do designate a person to claim my animal(s), it shall be in writing, witnessed, and notarized. I understand that NHA will not release my animal to the abusive person from whom I am seeking shelter.

6. NHA will provide the best care possible for the animal during the sheltering period but notes there are inherent dangers and risks when dealing with any animal, including but not limited to changes in the animal’s behavior or weight, contraction of contagious disease, or loss or death of the animal. Accordingly, I hereby absolutely and unconditionally release and discharge NHA, including its employees, successors, assigns, directors, officers, agents, or volunteers, from and against any and all claims, obligations, liabilities of every nature and kind whatsoever relating to or arising from fostering my animal. In addition, if said animal(s) bites or injures any human or other animal, I will hold harmless and indemnify, and protect NHA from any claim or suit filed by anyone as a result of such an incident.

7. I understand and agree that my animal(s) may [or will] be fostered at NHA or with a qualified foster volunteer. Should NHA choose to kennel my animal at an alternate location, I will not hold any such boarding kennel, veterinarian’s office, their staff, or the qualified foster volunteer liable for any illness, injury, or death of my animal(s).
8. I understand and agree that __________________________ is a completely confidential program, and I will not divulge any information regarding the location of my animal(s) enrolled in this program to anyone. I understand and agree that if I inform anyone that my animal(s) are enrolled in this program—particularly the abusive person from whom I am seeking refuge—then this agreement is null and void and I will be notified as such. Upon nullification, I will have 24 hours to reclaim my animal(s) from NHA. Should I fail to reclaim my animal(s) in that designated 24 hour time frame, I understand and agree that I will relinquish permanent ownership and custody of said animal(s) to NHA. At such time, NHA has the absolute right and authority to place said animal(s) into new homes, euthanize said animal(s), or otherwise find appropriate permanent placement. ______

9. I understand NHA and/or its designated off-site foster will provide daily food, water, socialization, exercise, and basic preventive care for my animal(s). ______

10. I understand my animal must be altered to be eligible for this program. I understand if my animal is not altered, NHA will seek alteration at no cost to owner. ______

11. I understand that NHA reserves the right to seek veterinary care without approval by me. I acknowledge that should medical care and attention for the animal be warranted, NHA may provide only the minimum care to comfort and stabilize the animal. ______

12. I understand that NHA reserves the right to euthanize any animal in its care should a licensed veterinarian deem the animal’s health to be so impaired that to sustain the animal would be inhumane. ______

13. In the event NHA determines my animal(s) has been abused upon intake, NHA may be required by law not to release the animal(s) pending investigation. ______

Printed Owner’s Name _____________________________________________
Owner’s Signature _______________________________________________ Date ___________

Printed Witness’s Name ___________________________________________
Witness’s Signature ______________________________________________ Date ___________

Description of Dogs and Cats

Animal’s Name and Nicknames ____________________________________________
Species, Breed, Age and Weight _______________________________________
Color and Special Markings ___________________________________________
Sex: ■ Male ■ Female   Altered: ■ Yes ■ No

Animal’s Name and Nicknames ____________________________________________
Species, Breed, Age and Weight _______________________________________
Color and Special Markings ___________________________________________
Sex: ■ Male ■ Female   Altered: ■ Yes ■ No

Animal’s Name and Nicknames ____________________________________________
Species, Breed, Age and Weight _______________________________________
Color and Special Markings ___________________________________________
Color and Special Markings ________________________________________________________________
Sex: ■ Male ■ Female  Altered: ■ Yes ■ No

OWNER INFORMATION

Name ___________________________________________________________________________________

Current address ___________________________ City __________________________
State _______ Zip ___________

Safe phone number to reach you or leave a message ____________________________________________

Secondary phone number _________________________________________________________________

Employer’s name ________________________________________________________________________

Employer’s address ______________________________________________________________________

Work phone number ____________________________

Emergency Information Contact

Agency name ____________________________________________________________________________

Address ________________________________________________________________________________

City ___________________________ State _______ Zip ___________

Primary Phone Number __________________________ Secondary phone number ______________________
E-mail __________________________________________________________________________________

Caseworker Name ________________________________________________________________________

Primary Phone Number __________________________ Secondary phone number ______________________
E-mail __________________________________________________________________________________
OTHER INFORMATION

What is your relationship to the abusive person?
___________________________________________________________________

Do you think the abuser will try to find the animal(s)? ■ Yes ■ No ■ Don’t know

Is your animal(s) included in a Restraining Order or Emergency Protective Order? ■ Yes ■ No
If yes, date order was granted ______________________________________
Order number ______________________________________

Does the abusive person have any legal claim to the animal(s)? ■ Yes ■ No ■ Don’t know

For safety and security reasons, please provide the name and a description of the abusive person:

Name_____________________________________________________________________________________
Gender: ■ Male ■ Female
Hair color _____________ Hair Length _____________ Eye color _____________
Height ________ Weight ________ Date of birth ______________
Tattoos, Scars, Identifying Marks: _____________________________________________________________

Email_________________________________________________
Phone Number___________________________________________

Place of employment _______________________________ Work number ___________________________

Please provide a description of the abusive person’s vehicle:
Make_____________________________________ Model _______________________________________
Year_____________ Color _____________________ License plate number ______________________________

Do you have a photograph of the abusive person that we can keep or copy? ■ Yes ■ No

If yes, please email to alexandra@nashvillehumane.org
Please complete a separate intake form for each animal. This form will be copied and shared with foster.

Animal’s Name and Nicknames _________________________________________________________________
Species, Breed, Age and Weight _____________________________________________________________
Color and Special Markings __________________________________________________________________
Sex: ■ Male ■ Female  Altered: ■ Yes ■ No

Medical Information

You may need to contact your veterinarian for this information.

While not having current vaccinations will not keep your animal(s) out of the ________________________________, it is important for us to have this information for the safety of your pet and other animals.

Date of rabies vaccination________________________ Rabies Tag #_______________________________
Date of annual combination distemper vaccination ________________________________
Date of bordetella (kennel cough) vaccination for dog ________________________________
Has your cat ever been tested/vaccinated for feline leukemia? ■ Yes ■ No
Has your dog been tested for heartworms within the past year? ■ Yes ■ No

What flea and heartworm preventative do you use?
____________________________________________________________________________________________

Current medications, allergies, or ailments
____________________________________________________________________________________________
____________________________________________________________________________________________

When are medications given and how (i.e., placed in a treat)?
____________________________________________________________________________________________

Important medical information for other companion animals
____________________________________________________________________________________________
____________________________________________________________________________________________

Feeding Information

Type of Food (Brand, Formula, Canned, Kibble)
Amount of Food and Feeding Schedule _________________________________________________________
Additional information on feeding _____________________________________
_________________________________________________________________________________________
Where is the animal kept during the day? ______________________________________________________
Where is the animal kept during the night? _____________________________________________________
Exercise Schedule? _____________________________________________________________
Is the animal house trained or litter box trained? ■ Yes ■ No
Is the animal crate trained? ■ Yes ■ No
Will the animal chew/scratch furniture, clothing, doors?
_____________________________________________________________________________________________
Other behavior problems?
_____________________________________________________________________________________________
Did you bring items that you would like kept with your pet (favorite toy, bedding, etc.)?
_____________________________________________________________________________________________
What does your pet enjoy?
_____________________________________________________________________________________________
What does your pet dislike?
_____________________________________________________________________________________________

Behavior Information

Good with dogs? ■ Yes ■ No ■ Not been around
Good with cats? ■ Yes ■ No ■ Not been around
Good with other animals? ■ Yes ■ No ■ Not been around
Good with children? ■ Yes ■ No ■ Not been around
Good with men? ■ Yes ■ No ■ Not been around
Good with women? ■ Yes ■ No ■ Not been around
Activity level: ■ Very active ■ Moderately active ■ Not active

To your knowledge, has the animal bitten or scratched anyone within the past 6 months? ■ Yes ■ No
If yes, what were the circumstances (when, why, and how severe)?
_____________________________________________________________________________________________
Has the animal ever been deemed vicious or dangerous in the state of TN or another state? ■ Yes ■ No
Under what circumstances will the animal bite, scratch, threaten, or show excessive fear?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Commands: ■ Sit ■ Down ■ Stay ■ Come ■ Other (please list)

_____________________________________________________________________________________________

Is there additional information that you would like to tell us about this animal?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
FOSTER CARE AGREEMENT BETWEEN SHELTER AND FOSTER

This agreement was made _____________________________ by and between ___________________________ (hereinafter called “Foster”), and Nashville Humane Association (hereinafter called “NHA”). The purpose of the _____________________________ program (hereinafter called “___”) is to provide temporary care for animals that belong to survivors of family violence who are seeking refuge and counseling. This program offers a safe and life-saving alternative to leaving the animal(s) in a home with an abusive and dangerous partner. Foster acknowledges that he/she is not becoming the owner of said animal, but is willing to provide humane care for such animal until its owner is able to reassume custody and care. In consideration of the premises and the covenants herein contained, it is agreed between Shelter and Foster as follows:

1. Shelter delivers to Foster and Foster hereby accepts from NHA a certain animal described below and Foster agrees to humanely take care of said animal until the owner is able to reclaim said animal, but in no event shall Foster become obligated or have any right to keep said animal for longer than 60 days from __________________. Should an extension be granted the same agreements listed below will be in effect.

2. Foster agrees that upon the end of 60 day period or sooner if contacted by the Safety Net Resource Coordinator, Foster will immediately, peacefully, and voluntarily deliver said animal to Shelter, and will make no claim of ownership, title, right, or interest in said animal.

3. Foster understands the responsibilities and commitments associated with providing humane care for said animal. Foster also agrees to comply with all NHA policies and procedures.

4. Foster understands and agrees that the NHA program is a completely confidential program and will not divulge any information regarding participation in the program or the identity and location of the animal. This includes but is not limited to email, text, social media posts and so on.

5. Shelter agrees to keep the location of said animal and Foster’s name, address, phone number, and other personal information confidential in order to protect the safety of Foster and said animal.

6. Foster agrees not to alter in any way the appearance of the animal being fostered. This includes declawing and cropping of ears or tails.

7. Foster agrees to provide adequate food, water, shelter, and kind treatment for said animal at all times. In addition, Foster must adhere to all state and local animal laws. Foster agrees to follow all additional written instructions from the owner and/or Shelter.

8. Foster agrees to notify Shelter as to any behavioral or health problems of said animal. Shelter reserves the exclusive right to determine the proper course of action to take upon such notification.
9. Foster will notify Shelter within 24 hours in the event any change occurs in the address or telephone number listed below.

10. Foster will notify the coordinator (Alexandra Furr) of the _____________________________ program immediately in the event of an emergency so that appropriate arrangements can be made to transfer said animal to Shelter or another approved foster.

11. Foster is undertaking these obligations with no claim, now or in the future, to any types of compensation or reimbursement for caring for said animal, and the further consideration for undertaking this obligation and caring for said animal is that Foster is receiving satisfaction and enjoyment from undertaking this obligation of his/her own free will and because he/she wants to do so and derives satisfaction from doing so.

12. Foster agrees that accidental animal bites or other injuries to humans and other animals do occur, and agrees to hold harmless and indemnify, and protect NHA, from any claim or suit filed by anyone as a result of such an incident. In addition, NHA will not be responsible if said animal should damage or destroy property belonging to Foster, or shall transfer any disease or internal or external parasites to other animals in Foster’s care.

13. If the owner does not reclaim said animal, and Foster wishes to adopt said animal, Foster must go through NHA adoption program screening process. NHA reserves the right to determine final disposition of said animal.

14. Foster agrees to keep said animal in his/her house and under supervision. Foster also agrees to keep a foster dog on a leash at all times when not on his/her private property. Foster agrees to keep a foster cat inside the house at all times.

15. Foster agrees to keep a collar and identification tags on said animal at all times. This includes but is not limited to NHA tag, microchip and rabies tag.

16. Foster agrees to let NHA inspect Foster’s premises where said animal is being kept anytime to ascertain and satisfy itself or said animal’s owner that said animal is well cared for.

17. This Agreement is the entire agreement of the parties, and there are no oral promises or representations made in addition to this contract and it may only be changed in a writing signed by both NHA and Foster.

18. Foster releases NHA’s employees, successors, assigns, directors, officers, or agents from any and all liability arising from the fostering of said animal. If said animal should harm anyone or cause damage to Foster’s property, Foster agrees to use his/her homeowner’s insurance or other means for any reimbursement.

Animal’s Name and Nicknames _______________________________________________________________

Species _________________________ Breed______________________________ Age______ Weight________
Description of Animal (Include Color and Special Markings) ________________________________________________________________________________________________

Sex: ■ Male ■ Female Altered: ■ Yes ■ No

I acknowledge that I have read and accepted this Foster Care Agreement.
Foster’s Printed Name ____________________________________________________________
Foster’s Signature ______________________________________________________________________
Address ______________________________________________________________________________
Phone Number________________________ Secondary Phone Number_______________________
Email ___________________________________________________________________________
Date ___________________________________________________________________________

Witness’s Printed Name __________________________________________________________
Witness Signature ________________________________________________________________
Date ___________________________________________________________________________
CONTRACT EXTENSION AGREEMENT

Attention ____________________________________________ [insert owner’s name] Please, read, sign, and date this agreement and fax or send a copy to NHA. A request for the extension of your original “Owner Agreement” contract has been granted.

The initial contract period began on ______________________________ for the temporary foster of your companion animal(s) listed below.

Animal’s Name __________________________________ Tag Number _____________________________
Animal’s Name __________________________________ Tag Number _________________________________
Animal’s Name __________________________________ Tag Number _________________________________

The contract has been extended beginning ______________________________ and ending ______________________________. All terms, agreements, and conditions of the original contract continue during the extension period. My companion animal(s) will be considered abandoned as per state civil code section ______________________________ and will be deemed the property of NHA if I do not claim my animal(s) by ______________________________. I certify that I have read, fully understand, and accept all terms of this and the original agreement.

Owner’s Printed Name __________________________________________
Owner Signature ______________________________________________
Date _________________________________________________________

Agency Authorizing Signature __________________________________
Date _________________________________________________________

Nashville Humane Association
213 Oceola Avenue
Nashville, TN 37209
615-352-1010
ANIMAL ABUSE SURVEY

1. Do you currently have a pet? ■ Yes ■ No

If “yes” how many and where is the pet now?

_____________________________________________________________________________________________
_____________________________________________________________________________________________

If “no” have you had a pet in the last 12 months? ■ Yes ■ No

2. Type of pet: ■ Dog ■ Cat ■ Bird ■ Fish ■ Rabbit ■ Guinea Pig ■ Hamster ■ Ferret ■ Other - Please Specify

_____________________________________________________________________________________________

3. Has the abuser ever threatened to hurt your pet? ■ Yes ■ No

4. Has the abuser ever mistreated a pet by: ■ Hitting, kicking, striking, punching, or throwing pet ■ Depriving pet of food or water ■ Leaving pet outside in extreme heat or cold for prolonged period ■ Refusing to take sick or injured pet to vet ■ Giving pet illegal drugs or alcohol ■ Sexual abuse ■ Other (please describe)

_____________________________________________________________________________________________

If so, did your pet require veterinary treatment? ■ Yes ■ No Please share medical records related to this incident.

5. If the abuser mistreated your pet, how often did this happen?

_____________________________________________________________________________________________

6. Has fear that the abuser will harm your pet ever caused you to delay going to a shelter or other safe place away from your partner? ■ Yes ■ No

7. Has fear that the abuser will harm your pet ever caused you to delay calling the police for help? ■ Yes ■ No

8. Has fear that the abuser will harm your pet ever caused you to refuse to file charges against him/her? ■ Yes ■ No

9. Would you require assistance in finding temporary housing and care for your pet if you were to go to a shelter or other safe place? ■ Yes ■ No

10. Do you have children? ■ Yes ■ No If yes, please specify number and ages

_____________________________________________________________________________________________

11. Has the abuser ever threatened or harmed your pet in front of the children? ■ Yes ■ No
If “yes,” have the children who witnessed this ever threatened, injured, or killed a pet or other animal? ■ Yes ■ No
The Nashville Humane Association (NHA) is pleased to have made the ____________________ available to you during your time of need. We hope our services met your expectations and provided you with a peace of mind that your animal(s) were being well cared for. We are interested in your feedback about our program. Please answer the following questions. Thank you for your comments.

1. Were you pleased with the service provided by the ____________________ program? ■ Yes ■ No

Please explain:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

2. What were the benefits of the ____________________ program?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

3. What were the disadvantages of having your animal(s) in the program?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

4. Is there anything else this program could have done to assist you?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

5. Would you recommend that friends or family members utilize our services if they were in a family violence situation and needed temporary care for their animal(s)? ■ Yes ■ No (Please explain)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________