

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 | | |
|-------------------------|------------------------------|--|
| | | |
| Printed Witness's Name | 2 | |
| | | |
| | Description of Dogs and Cats | |
| Animal's Name and Nicl | knames | |
| | Weight | |
| | ngs | |
| Sex: ■ Male ■ Female | | |
| Animal's Name and Nicl | knames | |
| Species, Breed, Age and | Weight | |
| | ngs | |
| Sex: ■ Male ■ Female | | |
| Animal's Name and Nicl | knames | |
| Species, Breed, Age and | | |

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 leav | ve a message |
| Secondary phone number | |
| Employer's name | |
| Employer's address | |
| Work phone number | |
| | Emergency Information Contact |
| Agency name | |
| Address | |
| | State Zip |
| Primary Phone Number | Secondary phone number |
| E-mail | |
| Caseworker Name | |
| Primary Phone Number E-mail | Secondary phone number |



OTHER INFORMATION

What is your relationship to the abusive person? Do you think the abuser will try to find the animal(s)? \blacksquare Yes \blacksquare No \blacksquare 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)? \blacksquare Yes \blacksquare No \blacksquare 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 <u>alexandra@nashvillehumane.org</u>



DOG OR CAT INTAKE FORM

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 ______

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? Tes Tes 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? \blacksquare Yes \blacksquare 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:

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 Nick | names | | |
|--------------------------|------------------------------------|-----|--------|
| Species | Breed | Age | Weight |
| Description of Animal (I | nclude 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 |
| <i>A</i> | All terms, agreements, and cond | ditions of the original contract continue |
| during the extension period. My companion | animal(s) will be considered al | pandoned as per state civil code section |
| ai | nd will be deemed the property | of NHA if I do not claim my animal(s) |
| by | | |
| 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



CONFIDENTIAL EVALUATION

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)? \blacksquare Yes \blacksquare No (Please explain)