Memorandum of Understanding (MOU):

Between (name of partner animal rescue organization) and (name of domestic violence or shelter program agency/organization)

To use this, please substitute into the colored boxes:

*Insert the name of the [Partner animal rescue organization in ______ boxes.

*Insert the name of the [Human service organization or shelter program agency/ organization] in ______ boxes.

The ______ and ______ enter into this MOU concerning the care, support and fostering of companion animals of residents currently staying at ______’s shelter.

This agreement is contingent on available space and resources at ______. ______ agrees to provide appropriate foster or in-shelter care for pets that the ______ shelter is unable to house on-site. ______ may transfer animals to ______ due to lack of space, and specialized needs of frightened, numerous or larger animals. Requests for sheltering will be made via phone or email to ______, with as much notice as possible, and the ______ reserves the right to defer to other housing options for aggressive animals.

During the pets’ stay at ______ or in a foster home, the following care will be provided at no cost to ______:

• Clean housing and fresh water daily or as needed.
• Nutritious and appropriate food such as that provided to other shelter animals. ______ can provide a special diet on request and at the expense of the owner (or food provided by the owner).
• Dog walking when staff is available. Regular exercise in foster home.
• Preventive vaccinations if the pet is not up-to-date, including: dogs and cats 4 months of age and older must be current on a rabies inoculation and, if not current, the vaccine will be provided unless the owner has a letter from a veterinarian listing medical reasons why the vaccine should not be administered. Dogs must be current on their distemper, parvovirus and coronavirus vaccination and kennel cough vaccination and, if not current, the vaccines will be provided. Cats 8 weeks
of age and older must be current on their FVCRP vaccination and, if not current, the vaccine will be provided.

For pets being housed with their owners at the [shelter], basic vaccines and topical parasite treatment will also be available from [ ] at no cost to the owner. Food and supplies may be requested and will be provided from [ ] based on availability.

If the pet is not sterilized, the owner may request that the animal undergo surgery at the [ ] for a minimal fee.

If the pet requires emergency medical care, such as casting broken bones, X-rays, treatment of burns or lacerations, etc., the services will be provided and billed by the veterinarian to the owner according to [ ] fee schedule.

For security reasons, residents may not visit their pets at [ ] unless prior approval has been granted, but they may call to check on their pets during regular office hours. The pet owner will be required to execute a Foster Consent and Release form before the pet is transferred to [ ] for care. The original will be kept on file at [ ] with a copy on file at [ ]. The agreement will be for a maximum of 30 days, but may be extended upon the agreement of all parties.

This MOU will continue at the agreement of both parties and may be cancelled by either party in writing at any time.

(Name of partner animal rescue organization)

______________________

[ ] staff signature and date

(name of human service organization or shelter program agency/organization)

______________________

[ ] staff signature and date