

Pet Companion Services Waiver

- I certify that I am at least 18 years of age and legally capable of signing documentation.
- I certify that I am the owner of this pet, free and clear of all other interests or certify that I previously rescued this pet and know of no owner. I will not obtain any new animals during my stay at Sojourner Center.
- I certify that this/these pet(s) does not possess any dangerous or vicious propensities, sickness or diseases (unless disclosed in writing on this application) to the best of my knowledge.
- I hereby forever release, and agree to hold harmless and indemnify Sojourner Center and Lost Our Home Pet Foundation, the officers, members, volunteers, coordinators, representative or any other person, firm or corporation involved with the efforts of business of Sojourner Center and Lost Our Home Pet Foundation from all claims, demands, actions or causes of action or liability of any kind incurred as a result of or in connections with the adoption, fostering, boarding, veterinary care or other disposition of the above named pet(s).
- I am aware that Lost Our Home Pet Foundation and Lost Our Home Pet Rescue is the same and the name is interchangeable in any documents, forms, legal documents, and conversations.
- I acknowledge that Sojourner Center and Lost Our Home Pet Foundation are temporarily supporting my animal(s) for a maximum of 120 days.
- I understand that if there is any emergency, or if medical care is required for my pet(s), that a representative of Sojourner Center and Lost Our Home Pet Foundation will try to contact me. If I have not returned the call in a timely enough manner required to care for my pet(s), Sojourner Center and Lost Our Home Pet Foundation will make decisions regarding my pet(s) care and disposition. I understand that I will be responsible for any emergency service expenses if pet needs to be taken to emergency room.
- I understand that by enrolling my pet(s) with Sojourner Center and Lost Our Home Pet Foundation, I have the option to have my animal spayed or neutered. I understand that if I choose to decline the alteration (spay/neuter) that my pet will not be able to be microchipped in our care.
- I understand that I am responsible for any Emergency Care needs and expenses incurred.

I _____, acknowledge that I have read and understand all recognition statements above.

Participant Signature

Date

Staff Signature

Date