



## **SDHS Safety Net Foster Program Owner Agreement**

In exchange for enrolling my animal(s) in the Safety Net Foster Program at San Diego Humane Society (SDHS), I agree to the following:

### **TERMS OF THE PROGRAM**

1. In signing this contract, I certify that I am at least 18 years of age and legally able to sign documents/contracts. \_\_\_\_\_
2. I certify that all of the information contained herein is true and correct to the best of my knowledge, that I am the owner or agent of the animal(s) listed in the Safety Net Foster Program Application and have the authority to give this consent. I warrant that I have the right to place the animal(s) in the custody of SDHS under the terms of this agreement.  
\_\_\_\_\_
3. I understand and agree that SDHS has the right to terminate or limit my participation in the Safety Net Foster Program at any time for any reason. In that event, I will be called and provided with a Safety Net Foster Program Notice of Program Exit form, and I will reclaim my animal(s) within 48 hours from the time I am contacted. If enacted, this provision supersedes all other agreed upon reclaim dates. \_\_\_\_\_
4. I certify that the animal(s) I am enrolling in Safety Net Foster Program has not bitten a person or another animal within the last ten days. \_\_\_\_\_
5. I understand and agree that the placement of my pet(s) while in the program into the SDHS facility or registered SDHS foster caregiver will be at the discretion of SDHS staff. I have been made aware that although reasonable precautions will be taken to protect the health of animals, these environments can carry risk of serious disease transmission, injury, and behavior change. I further understand that if my animal(s) has been placed in a foster home, the location of that foster home and contact information of the foster caregiver will not be disclosed to me. \_\_\_\_\_
6. I agree that should I want an update on my animal(s), I have the right to utilize the contact methods provided to me to request such an update from SDHS. I agree to abide by any restrictions SDHS has provided about this communication, including but not limited to operating hours and days of the week. \_\_\_\_\_
7. I understand that although reasonable precautions will be taken to ensure the safety of my possessions, any item(s) I provided to the shelter for care of my animal for the duration of the program may be lost or damaged, and I agree that I will not hold SDHS responsible or expect reimbursement. \_\_\_\_\_

## **Communication with San Diego Humane Society**

8. I understand that it is my responsibility to provide SDHS with a working phone number/email at which I can be reached. \_\_\_\_\_
9. I understand that I am required to maintain contact with Safety Net Foster Program staff regarding my situation and any steps I am taking to reunite with my animal(s). \_\_\_\_\_
10. I understand that unsuccessful attempts to contact me will result in SDHS contacting one or more of the following: my emergency contact; social service agencies (if applicable); and any and all other alternate contact person(s) for which I provided contact information. \_\_\_\_\_
11. If contact cannot be reestablished after four attempts, I will be tendered a Safety Net Foster Program Notice of Program Exit form. This notice will give me 14 days to resume communication and/or reclaim my animal(s) from SDHS before ownership of my animal(s) is transferred to SDHS and my ownership rights are forfeited. \_\_\_\_\_
12. I agree that if at any point I decide I would like to remove my animal(s) from Safety Net Foster Program before the agreed upon reunification date, I will need to provide SDHS with 48 hours' notice so that the appropriate arrangements can be made. \_\_\_\_\_
13. I understand and agree that if I do not reclaim my animal(s) within 30 days of the signing of this agreement without renewing my participation in the Safety Net Foster Program via a signed extension form, I will be deemed to have surrendered all of my ownership rights and interest of any kind in the animal(s). In that event, legal ownership of my animal(s) shall be voluntarily and permanently transferred to SDHS. I further understand that at that point, SDHS may place my animal(s) for adoption, transfer my animal(s) to another shelter/county facility, euthanize my animal(s), or take any other action SDHS deems appropriate.  
\_\_\_\_\_

## **VETERINARY CARE AND AUTHORIZATION**

1. I understand that I am not financially responsible for any medical decisions regarding my animal(s) that SDHS makes on my behalf. \_\_\_\_\_
2. I certify that the animal(s) I am entrusting into SDHS' care do not possess any dangerous behaviors, diseases or illnesses unless otherwise disclosed to a SDHS staff member, in addition to being included in the Safety Net Foster Program Application. \_\_\_\_\_
3. If my animal(s) take(s) medication for an existing condition, I agree to disclose that condition and provide medication as deemed applicable to SDHS. \_\_\_\_\_
4. I understand that although reasonable precautions will be taken to safeguard the health of the animal(s), there is a possibility that my pet(s) may be exposed to infectious disease while enrolled in the Safety Net Foster Program. I understand that there are risks associated with this program and any necessary medical procedures and agree to hold SDHS harmless in the event my animal(s) becomes ill or is injured. \_\_\_\_\_

5. I hereby authorize SDHS as my agent to provide veterinary care to my animal(s) including, but not limited to, vaccinations, medication, grooming, and any other care that SDHS deems appropriate at the sole discretion of SDHS veterinary staff. \_\_\_\_\_
6. SDHS is authorized by me to procure emergency veterinary care at any location should my animal(s) require it while in the custody of SDHS. Whenever possible, SDHS will contact me first, but if my animal(s) is at risk, I authorize SDHS as my agent to make emergency medical decisions regarding my animal(s) on my behalf without my prior consent. I understand that if SDHS deems it medically necessary, my animal(s) will be humanely euthanized. \_\_\_\_\_
7. If my animal(s) is not already altered, I authorize SDHS to perform spay/neuter surgery on my animal(s). \_\_\_\_\_
8. I understand that every animal sterilized receives a small, permanent tattoo on their underside, indicating they have been surgically altered. \_\_\_\_\_
9. I understand that SDHS will microchip my animal(s) if they are not already microchipped at the time of enrollment in the Safety Net Foster Program. SDHS will register the microchip to me before my animal(s) goes home. \_\_\_\_\_

#### **INDEMNIFICATION AND WAIVER OF LIABILITY**

10. I fully and forever release and discharge SDHS and its officers, directors, employees, volunteers, fosters, partners, insurers and agents (the "Released Parties), from all actions, suits, claims, damages, costs, expenses, attorneys' fees, and demands of any kind, whether compensatory or punitive in nature, including, but not limited to, any liability for injury or property damage arising out of my participation in the Safety Net Foster Program to another animal or person, illness to my animal(s), or illness or parasite transmitted by my animal(s) to another animal or person. I also promise and agree to indemnify the Released Parties against any and all liability incurred by the Released Parties, including, but not limited to, all judgments, settlements, penalties, fines, costs, expenses and actual attorneys' fees, that relate to myself, my children (if any), and my animal(s), or that arise out of my and my animal(s) participation in the Safety Net Foster Program. \_\_\_\_\_

#### **AGREEMENT**

By signing below, I verify I have read, understand, and agree to all the statements listed above and I hereby transfer temporary custody of the animal(s) listed in this document to SDHS for temporary shelter and care for a period limited to 30 days. Unless indicated otherwise in a signed extension form, my agreed upon reunification date with my animal(s) is \_\_\_\_\_, 30 days from today's date.

---

Owner or Agent Signature

---

Date

## OVERNIGHT EMERGENCY ADDENDUM:

San Diego Humane Society coordinates emergency after-hours care for fostered animals through approved emergency veterinary clinics in our community. San Diego Humane Society pre-authorizes the following treatments in after-hours emergencies:

- Exams
- Subcutaneous fluids
- Pain medication
- Antibiotic injection
- Basic wound treatment
- Urgent humane euthanasia

Should an after-hours emergency arise while enrolled in our Safety Net Foster Program, we would like to offer owners the opportunity to pay for additional emergency treatment beyond SDHS standards of care outlined above. Please indicate below if you would like to be contacted by the emergency veterinary clinic to authorize additional treatments beyond San Diego Humane Society's standard procedures. It would be your responsibility to make financial arrangements with the emergency veterinary clinic to pay for any additional procedures. Please note that if you choose to be contacted by the emergency veterinary clinic but cannot be reached at the time of the emergency, the emergency veterinary clinic is authorized to proceed with the San Diego Humane Society standards of care, including humane euthanasia if that is determined to be the appropriate outcome for the animal. San Diego Humane Society and all acting emergency clinics are not to be held liable for any medical care decisions made on behalf of my pet while enrolled in the Safety Net Foster Program.

\_\_\_\_\_ Yes, I would like to be contacted during an after-hours emergency to pay for additional treatments for my pet while enrolled in the Safety Net Foster Program.

\_\_\_ No, I do not wish to be contacted during after-hours emergencies and authorize San Diego Humane Society to treat according to their standards of care, including authorization for humane euthanasia if that is determined to be the appropriate treatment for the animal's condition.

---

Owner or Agent Signature

---

Date