

County Animal Response Team Owner Sheltering and Veterinary Care Agreement Form

I, _____, am requesting emergency sheltering for my pets by the
_____ County Animal Response Team. I understand and agree to the following:

1. Temporary shelter care is available at no cost by qualified, screened team members for a period not to exceed _____ days.
2. The owner is to call the shelter at _____ every 48 hours (at minimum) to give and receive updated information regarding their pet(s) and provide updated information regarding their continued need for use of the temporary shelter.
3. _____ **County Animal Response Team members cannot authorize or pay for veterinary services. Veterinary care is the responsibility of the owner.**
4. **In the event of an unexpected emergency, every reasonable attempt will be made to contact the owner. If the owner cannot be reached, veterinary care will be provided for the pet at the expense of the owner.**
5. Pets must be claimed by _____ (fill in date) unless specific changes to this date have been agreed upon in writing.
6. In the event that I am unable to reclaim my pet(s) by the date shown in #5 I understand that by signing this agreement, I also agree to transfer ownership of my pet(s) to the above referenced CART. The CART will then turn over the pet(s) to an appropriate humane authority or rescue group.
7. Also, I am affirming that the animal(s) referenced by this agreement is/are owned by me and I accept full responsibility for the decisions made regarding the welfare of this/these animal(s).
8. **Animal(s) Description: Attached Animal Intake Form**

Owner signature (Picture ID Required)

Date

CART Representative