

262 Fairgrounds Rd/PO Box 57

Hamilton, MT 59840

(406) 363-5311

**Off-Site Programs Agreement**

Pet Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BRHA Intake # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog/Cat Male/Female

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Colors\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All pre-adoption off-site programs were developed by the Bitter Root Humane Association (BRHA) to offer adopters and pet lovers the opportunity to spend time with a potential pet before making the commitment to adopt, and the opportunity for the pet to spend time outside the facility. These programs provide BRHA with more information regarding adaptability and temperament of the animal. This is not a commitment to adoption, nor will participation always lead to adoption.

 \*Date extension with Operation Manager’s approval only. \*

***Please read and initial each statement***:

1. \_\_\_ I understand the pet I’m taking off BRHA property is owned by the BRHA in Hamilton, Montana regardless of how long the resident is in my care. I further understand BRHA is the owner of the resident until I complete an adoption process including the payment of any fees.
2. \_\_\_ I understand that the maximum time I can have this pet off-site is 5 days and any extended period must be requested and approved by the Operations Manager prior to the end of term.
3. \_\_\_ For any overnight “Slumber Party”, I agree to provide a safe, warm, clean, and loving environment for the animal(s). BRHA may, at its discretion, require a meet and greet with any other animals that will be present in the home. I further agree to take appropriate precautions to ensure the safety of all animals and people when introducing the BRHA animal(s) in my home.
4. \_\_\_ I agree that the BRHA resident will be in my care at all times. Canines must be supervised at all times when outdoors and felines are to be kept exclusively indoors. Collars and ID tags are to be kept on the residents at all times.
5. \_\_\_ I agree to notify BRHA immediately of any injury to any person or animal while in my care. I further understand by co-mingling our owned or other animals with the loaned pet that there is a risk of illness or injury to our or other animals and BRHA will not be held accountable nor responsible for any associated expenses; veterinary, medical, or otherwise incurred.
6. \_\_\_ I will NOT take the pet to a pet store, dog daycare, dog park or veterinarian without prior approval from BRHA.
7. \_\_\_ I will appropriately clean up after the loaned resident and follow all posted public notices when visiting parks, trails, and shared spaces.
8. \_\_\_ I understand that if we have been issued any supplies including but not limited to crates, beds, carriers, kennels, dishes, leashes, collars, etc. that those supplies are the property of BRHA and must be returned to BRHA at the conclusion of the Slumber Party.
9. \_\_\_ I understand if we fail to return the pet on the day listed above and I have not requested an extension, BRHA may, at its discretion, report the resident as stolen property to the proper authorities.

***I’ve read, understand, and agree to all the above conditions for off-site programs. I understand that BRHA does not possess undisclosed medical or behavioral history on this animal and said animal appears healthy at the time of the signing of this agreement. I certify that all information I’ve given BRHA in conjunction with my request is true and correct and understand that any falsification of said information may be grounds for denial. I release BRHA from any and all claims for loss, damages, contribution, indemnification or any other thing whatsoever growing out of, all personal injuries, property damage and any other type of damage or loss of any kind arising out of the Agreement.***

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

BRHA Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care/Diet/Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microchip Barcode :

**Vaccine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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