



Multnomah County Animal Services Pets in Crisis Referral/Agreement Form

Referral Contact Information:

Referring Person:	Date:
Agency / Job Title:	
Email:	Phone:

Pet Owner Information:

Owner Name:	Owner Address:
Phone Number safe to use:	Is it safe to leave a message? Y <input type="checkbox"/> N <input type="checkbox"/>
Email Address:	Primary Language english
Authorized Designee Name:	Phone Number & Email Address:
Reason for Request:	
Anticipated Length of Assistance:	

Pet Information:

Name:	Species/Breed:		
Gender:	Altered:	Weight:	DOB:
Is this animal listed in a protective order?		Veterinary Records Provided	
		Is this animal currently taking medication? Y <input type="checkbox"/> N <input type="checkbox"/> Please list:	

Pet Information:

Name:	Species/Breed: Papillon / Mix		
Gender:	Altered:	Weight:	DOB:
Is this animal listed in a protective order? Y <input type="checkbox"/> N <input type="checkbox"/>		Veterinary Records Provided Y <input type="checkbox"/> N <input type="checkbox"/> Pearl Vet Clinic	
Has this animal been the victim of neglect or abuse? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please fill out Animal Complaint Form		Is this animal currently taking medication? Y <input type="checkbox"/> N <input type="checkbox"/> Please list:	

PETS IN CRISIS PROGRAM
Temporary Emergency Care Agreement

I am requesting my pet(s) be placed into temporary emergency care at Multnomah County Animal Services (MCAS). In consideration for MCAS accepting the animal(s) described above for temporary emergency care, I hereby warrant, represent, understand, and agree as follows:

1. I am the lawful owner, or duly authorized representative of the owner, of the animal, and possess unrestricted authority to place the animal with MCAS.
2. I hereby certify, to the best of my knowledge, that the animal(s) has not bitten any other animals or persons within _____ days immediately prior to the date of this agreement.
3. Upon delivery of animal(s) to MCAS, I will provide copies of the animal's vaccination records. If my animal(s) do not have current vaccinations for rabies, distemper or bordatella, I authorize MCAS to administer these vaccines. Additionally, if my feline animal(s) have not been recently tested for FELV/FIV, I authorize MCAS to perform this testing. I understand that MCAS will cover the cost of these services as part of the support they provide through the PETS IN CRISIS program.
4. I authorize MCAS to make necessary, day-to-day decisions about the animal as well as provide the animal with emergency medical treatment, if determined to be necessary by MCAS medical staff. MCAS agrees to contact me as soon as reasonably possible in the event emergency medical treatment is necessary. I further understand that I will be charged for any veterinary expenses (beyond what is described in #3 above) incurred during my pet's stay with MCAS.
5. I understand that MCAS will house my pet(s) for a maximum of fourteen (14) days from today's date. I further understand that on or before the end of the fourteen-day holding period, my pet(s) will be released only to me or to my authorized designee. If I do not reclaim my pet(s) on or before _____, they will become the property of MCAS. I further understand that if I am unable to reclaim my pet(s) within this time period, I may request an extension from MCAS. Approval of all extensions will be made on a case-by-case basis*.
6. I understand that MCAS reserves the right to refuse to maintain/keep my pet(s) if I fail to abide by the program requirements and/or if the animal is deemed to be unsafe to handle.
7. I hereby release the MCAS, its employees, agents, or other authorized personnel acting on its behalf from any and all liability, claims, demands, or causes of actions, of any kind or nature, for any action taken by the MCAS in connection with this animal(s). I hereby agree to hold the MCAS harmless and indemnify it against any claims, causes of action or demands arising out of the giving of false information, or withholding of information by my agent or me.

Owner Signature/Verbal Approval (witness signature)

Date

*Extension requested by Owner on _____. Reviewed by: _____

[] Approved until date _____ [] Denied due to _____