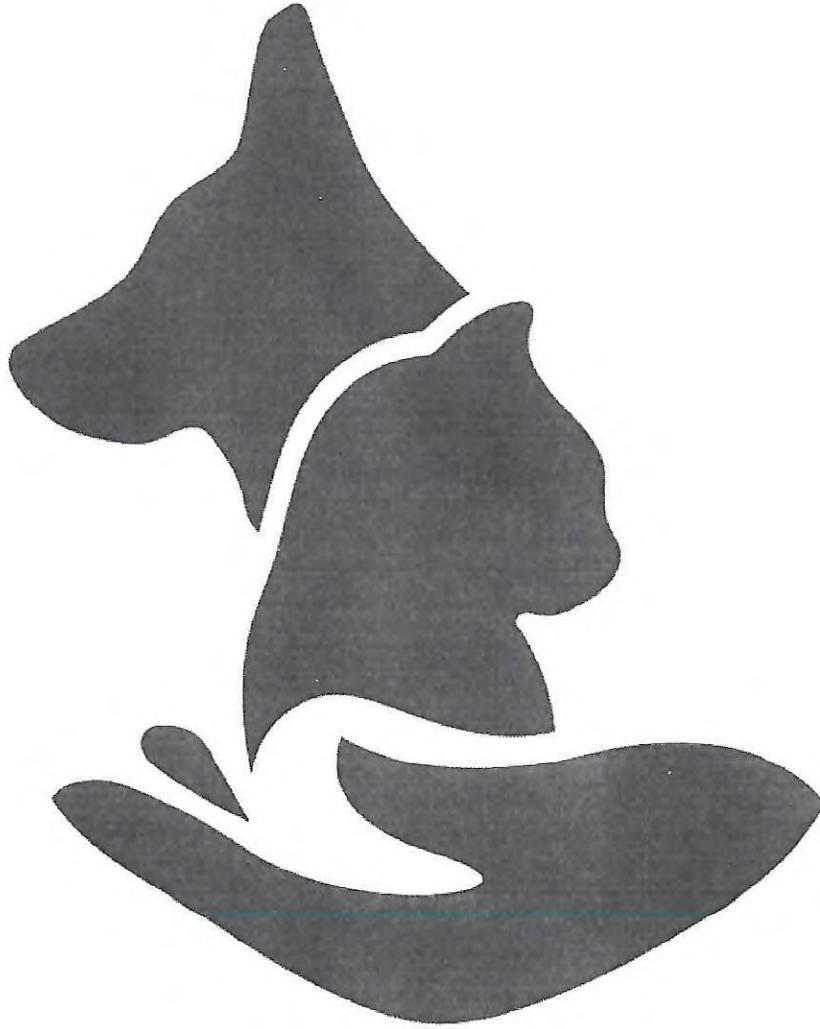


Animal Shelter

Emergency Animal Boarding Program Forms



Emergency Animal Boarding Program Intake/Release Form
Emergency Animal Boarding Program Agreement
Emergency Animal Boarding Program Extension Request



SKAS Emergency Animal Boarding Program Intake/Release Form

Owner Information:

Owner Name: _____

Driver's License #: _____ DOB: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact Information:

Emergency Contact: _____

Address: _____

Phone #: _____ Email: _____

Pet Information:

Pet Name: _____ Impound #: _____

Breed: _____ Age: _____

Description: _____

Microchip #: _____

Owner Acknowledgement:

1. I understand that the Town, Animal Shelter, staff, & volunteers are not responsible for the current or future health of my animal(s). (Initial) _____
2. I understand that the Town, Animal Shelter, staff, & volunteers are not responsible for any actions of my animal(s) while in their care. (Initial) _____

Signature _____

date _____



Circumstances:

1. My pet requires emergency boarding for the following reason (check all that apply):

Crisis	Medical	Disaster
Domestic/Sexual Violence	Hospitalization	Fire
Incarceration	Detox Program	Flood
Loss of Electricity	Recovery/Rehab	Hurricane
Pipes Burst	Car Accident	Blizzard
Eviction/Homelessness	Surgery	Other:

2. Have you requested assistance from any of the following? (check all that apply)

- Family
- Friends
- Veterinarian
- Boarding Facility

2. Do you have a contact person (family, friend, or representative) who can support you & your pet during their stay at the shelter?

- Yes
- No

If yes, please provide the contact's name & phone number:

Name: _____ Phone Number: _____

Animal(s) Requiring Assistance:

1. How many animals need emergency boarding? _____

2. Pet Information:

Breed	Name	Description	Age

Signature _____

date _____



3. Proof of Ownership & Identification:

Verification of age & ownership are required. If proof is unavailable, a third-party may verify.

- Proof Received: Yes No
- Verification Received: Yes No

Third-Party Participant's Name & Phone: _____

4. Microchip Scan:

- Scanned: Yes No
- Microchip #: _____

5. Vaccination & Vet Records:

Proof of vaccinations &/or vet records are required. If not, do you authorize the shelter to contact your veterinarian to obtain records?

- Yes No
- _____ (initial) _____ (date)

6. Does your pet have any health concerns?

- Yes No
- Please describe: _____

7. Does your pet have any behavioral issues?

- Yes No
- Please describe: _____

Program Details:

- Your pet may stay in the Shelter for up to **ten (10) days**. Extensions may be granted if you remain in contact with the shelter.
- You must check in weekly with shelter staff.
- If your pet's health or behavior deteriorates, you will be asked to remove them from the program.
- If no contact is made, or if you do not retrieve your pet by the 10th day, your pet will automatically be released to the shelter.

Signature _____

date _____



By signing this form, I acknowledge & agree to the terms outlined above & understand that failure to claim my animal(s) by the end date or failure to remain in contact with the shelter will result in the surrender of ownership to the shelter.

SKAS Emergency Animal Boarding Program Agreement

Owner Name: _____ Impound #: _____

Address: _____

Phone #: _____ Email: _____

Pet Name & Description: _____

Microchip: Scanned #: _____

As a condition of releasing my animal(s) to the Animal Shelter's Emergency Boarding Program, I agree to the following:

Boarding Term:

- This agreement covers emergency boarding from _____ to _____ (the "End Date")
- If I have not reclaimed my animal(s) by the end of the boarding term, legal ownership will transfer to the Animal Shelter. Extensions may be granted with prior notice in 5-day increments. (Initial) _____

Fees:

- I agree to pay a **non-refundable Impound Fee & non-refundable Boarding fee** for the 10-day period at Intake by Cash, Check or Money Order. _____(initial)

General Care:

- The Animal Shelter will provide daily food, water, shelter, exercise, & care. If my animal requires a special diet, I will provide enough food for the duration of their stay.

Signature _____ date _____



- If my animal requires medication, I will provide enough medication along with instructions.
- I understand that I may not visit my animal(s) during their stay unless authorized.

Pick-up & Surrender:

- I understand my animal(s) may stay for a maximum of 10 days. I can pick them up before the end date with prior notice. (Initial) _____
- If I do not pick up my animal(s) or make alternative arrangements, I will have surrendered ownership rights to the Animal Shelter. (Initial) _____

Health & Veterinary Issues:

- I agree to allow the Animal Shelter to obtain medical treatment if necessary, and I will be responsible for medical costs beyond basic care.
- I authorize the shelter to provide vaccinations, deworming, and flea/tick treatments as needed.

Proof of Ownership and Indemnity:

- I will provide proof of ownership (e.g., vet records, adoption contract, microchip registration) to the Animal Shelter if available.
- I agree to indemnify and hold harmless the Animal Shelter, Town, staff, and volunteers from any loss or damage claims.

Signature _____

date _____



SKAS Emergency Animal Boarding Program Extension Request

Owner Name: _____ Impound #: _____

- Extension requests must be made at least **24 hours** before the End Date.
- I understand that I can designate someone to pick up my animal(s) with prior notice.
- If I do not claim my animal(s) by the End Date, ownership will be transferred to the Animal Shelter.

Boarding Term:

- Extension request for boarding from _____ to _____ **[End Date]**.

Signature: _____ **Date:** _____

SKAS Emergency Animal Boarding Program Extension Request

Owner Name: _____ Impound #: _____

- Extension requests must be made at least **24 hours** before the End Date.
- I understand that I can designate someone to pick up my animal(s) with prior notice.
- If I do not claim my animal(s) by the End Date, ownership will be transferred to the Animal Shelter.

Boarding Term:

- Extension request for boarding from _____ to _____ **[End Date]**.

Signature _____ date _____

