





PETS: Pet Emergency Temporary Shelter



Emergency Care and Ownership Instructions Cards

Pet #1

  <p>PETS: Pet Emergency Temporary Shelter Emergency Care and Ownership Instructions Card</p> <p>Pet's Name: _____ Breed: _____</p> <p>Male/ Female: ___ DOB: _____ Spayed/Neutered: _____</p> <p>City License Tag or Microchip: _____</p> <p>Special Food Instructions: _____</p> <p>_____</p> <p>Special Medical Instructions: _____</p> <p>_____</p>	<p>In the event that I am unable to care for my pets, I request that custody of my pet(s) be transferred to:</p> <p><input type="checkbox"/> A friend or relative: _____</p> <p>City: _____ Phone: _____</p> <p><input type="checkbox"/> The Lincoln County Humane Society</p> <p>Owner's name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Phone number: () _____ - _____ <i>For full disclosure visit, www.lchs.ca</i></p>
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Pet #2

  <p>PETS: Pet Emergency Temporary Shelter Emergency Care and Ownership Instructions Card</p> <p>Pet's Name: _____ Breed: _____</p> <p>Male/ Female: ___ DOB: _____ Spayed/Neutered: _____</p> <p>City License Tag or Microchip: _____</p> <p>Special Food Instructions: _____</p> <p>_____</p> <p>Special Medical Instructions: _____</p> <p>_____</p>	<p>In the event that I am unable to care for my pets, I request that custody of my pet(s) be transferred to:</p> <p><input type="checkbox"/> A friend or relative: _____</p> <p>City: _____ Phone: _____</p> <p><input type="checkbox"/> The Lincoln County Humane Society</p> <p>Owner's name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Phone number: () _____ - _____ <i>For full disclosure visit, www.lchs.ca</i></p>
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Pet #3

  <p>PETS: Pet Emergency Temporary Shelter Emergency Care and Ownership Instructions Card</p> <p>Pet's Name: _____ Breed: _____</p> <p>Male/ Female: ___ DOB: _____ Spayed/Neutered: _____</p> <p>City License Tag or Microchip: _____</p> <p>Special Food Instructions: _____</p> <p>_____</p> <p>Special Medical Instructions: _____</p> <p>_____</p>	<p>In the event that I am unable to care for my pets, I request that custody of my pet(s) be transferred to:</p> <p><input type="checkbox"/> A friend or relative: _____</p> <p>City: _____ Phone: _____</p> <p><input type="checkbox"/> The Lincoln County Humane Society</p> <p>Owner's name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Phone number: () _____ - _____ <i>For full disclosure visit, www.lchs.ca</i></p>
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Pet #4

  <p>PETS: Pet Emergency Temporary Shelter Emergency Care and Ownership Instructions Card</p> <p>Pet's Name: _____ Breed: _____</p> <p>Male/ Female: ___ DOB: _____ Spayed/Neutered: _____</p> <p>City License Tag or Microchip: _____</p> <p>Special Food Instructions: _____</p> <p>_____</p> <p>Special Medical Instructions: _____</p> <p>_____</p>	<p>In the event that I am unable to care for my pets, I request that custody of my pet(s) be transferred to:</p> <p><input type="checkbox"/> A friend or relative: _____</p> <p>City: _____ Phone: _____</p> <p><input type="checkbox"/> The Lincoln County Humane Society</p> <p>Owner's name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Phone number: () _____ - _____ <i>For full disclosure visit, www.lchs.ca</i></p>
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AUTHORIZATION FOR PET CARE

Due to circumstances beyond my control I am unable to care for my pet(s) listed below. I hereby state and undersign agreeing that I own the pet or have legal custody of the pet(s) and I am authorized to make decisions relating to its (their) care.

As such, I request that my pet(s) be boarded at either the Lincoln County Humane Society (LCHS), or that they be fostered through Fido Niagara (Fido).

I understand that the LCHS and Fido will care for my pet, including necessary or emergency veterinary care. I authorize the organizations to jointly or separately make necessary decisions regarding my pet(s), in consultation with a veterinarian, should that need arise. I understand that the organizations will make reasonable attempts to reach, me prior to expending resources on helping my pet(s), should time allow. I agree that I will incur costs associated with any expenses for necessary veterinary care.

I understand that, if upon review of eligibility for this program, there will be no cost to me for housing my pet at the LCHS or with Fido for a period of 14 days. After such time my situation will be reviewed. In no case will the organizations relinquish or otherwise dispose of my pet without my consent, where possible.

I authorize the organizations to make decisions in the best interests of my pet(s), relating to their care. As a result of any action they must take, or not take, I hold the LCHS and Fido harmless, including all of their employees, volunteers, board members, directors and any other person acting on their behalf, of any liability whatsoever.

Further, I hereby consent to allow The Niagara Health System to discuss necessary details of my care with this organization for the purpose of managing my pet/s care.

In the event that I am permanently unable to care for my pets, and have no alternate homes for my pet(s) to go to, I request that ownership of my pet(s) be transferred to:

A friend or relative: Name: _____ Phone: _____
City: _____

The Lincoln County Humane Society

Signature: _____

Date: _____

Printed Name: _____

Witness: _____

