

Forms

The following forms have been prepared as guidance to help your shelter establish SAF-T. These forms should be tailored to comply with your state/local laws and to complement procedures in place at your shelter. You may wish to remove specific sections that are irrelevant to your shelter's practices, and add provisions to help your shelter implement an effective SAF-T program. Some forms and questions may be more suited for subsequent interactions outside the shelter intake process. Please follow your shelter's established documentation procedures in regard to these forms. Contact SAF-T if you wish to receive these forms in a Word-formatted document.

- Memorandum of Understanding Between Animal Protection Organization and SAF-T
- Shelter Supply Checklist for SAF-T
- SAF-T Intake Form
- SAF-T Agreement Between Resident and Shelter
- Procedures for Residents With Pets
- Consent and Release for Boarding at Animal Protection Organization
- SAF-T Extended Care Contract
- SAF-T Resident Evaluation

Memorandum of Understanding Between Animal Protection Organization and [Domestic Violence Shelter]

[Animal Protection Organization] (“APO”) and [Domestic Violence Shelter] *Sheltering Animals & Families Together* (SAF-T) program (“SAF-T”) enter into this memorandum of understanding (MOU) concerning the boarding of companion animals of residents currently staying at [Domestic Violence Shelter]. This agreement is contingent on available space at APO.

APO agrees to care for pets that SAF-T is unable to house on-site. SAF-T may transfer animals to APO due to lack of space in SAF-T, and for specialized care of frightened/aggressive or larger animals. During the pets’ stay at APO, the following care will be provided at no cost to SAF-T:

- * Clean cage and fresh water daily or as needed.
- * Feed major-brand pet food as provided to other shelter animals. Provide a special diet on request and at the expense of the owner (or food provided by the owner).
- * Dog walking when APO staff is available.

These additional services will be offered that may require funding or reimbursement to APO:

- * If the pet requires emergency medical care, such as casting broken bones, X-rays, treatment of burns or lacerations, etc., the services will be provided and billed by the attending veterinarian to the owner or SAF-T program according to a pre-determined fee schedule.
- * Preventive vaccinations if the pet is not up-to-date, including:
 - * Dogs and cats 4 months of age and older must be current on a rabies inoculation and, if not current, the owner or SAF-T program is responsible for APO’s actual cost of providing the inoculation.
 - * Dogs must be current on their distemper, parvovirus and coronavirus vaccination and kennel cough vaccination and, if not current, the owner or SAF-T program is responsible for APO’s actual cost of providing the vaccinations.
 - * Cats 8 weeks of age and older must be current on their FVCRP vaccination and, if not current, the owner or SAF-T program is responsible for APO’s actual cost of providing the vaccination.

To insure the safety of APO staff and animals, the pet(s)’ owner (circle one) may/may not visit their pets at APO. If visitation is allowed, it will be coordinated by the SAF-T Director with APO staff. If visitations are not allowed, the pet(s)’ owner may call to check on their pets during APO office hours.

SAF-T will have the pet owner execute a Consent and Release form before the pet is transferred to APO. The original will be kept on file at APO with a copy on file at [Domestic Violence

Shelter]. While the pet is in the care of APO under this agreement, the confidentiality terms of the pet owner's location at **[Domestic Violence Shelter]** will remain in effect and such confidentiality will also remain with the pet(s) in the care of APO. APO is, therefore, not permitted to disclose to anyone that it is caring for a pet under this agreement.

This MOU will continue at the agreement of both parties and may be cancelled by either party in writing at any time.

[Animal Protection Organization]

[Domestic Violence Shelter]

Signature and date

SAF-T Director signature and date

Shelter Supply Checklist for SAF-T

- * Cat litter
- * Litter boxes
- * Litter scoopers
- * Litter disposal bags
- * Dog food
- * Puppy food
- * Cat food
- * Kitten food
- * Puppy and kitten formula
- * Dog leashes
- * Dog toys (Kong toys, chew toys, balls)
- * Cat toys (catnip bags, balls, mice)
- * Crates and portable carriers
- * Towels and/or blankets for crates
- * Cleaning supplies (check with your local veterinarian or animal protection organization on what types of cleaning solutions are safe to use)
- * Emergency medical supply kit

[Domestic Violence Shelter] SAF-T Intake Form

The questions on this Intake Form are intended to help us better care for you and your pets while you reside at the shelter. This information is not intended to be shared with outside individuals.

Name of

Resident: _____

Date of Admission:

Name of Pet	Species	Breed	Gender	Spayed/Neutered?	Age
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Emergency Contact Name/Phone:

Veterinarian Name/Phone:

Is it safe for [Domestic Violence Shelter] staff to contact your veterinary to obtain records on your pet(s)? Yes No

Are you arriving at the shelter with any children? Yes No

Did your abusive partner threaten your pets? Yes No

If yes, please describe: _____

If yes, how has this impacted your pets' behavior? _____

Did your abusive partner harm your pets? Yes No

If yes, please describe: _____

If yes, how has this impacted your pets'

behavior? _____

Did your children see or hear your pet(s) being harmed? Yes No

Are your pets' vaccinations current? Yes No

If no, list the vaccinations that need updating: _____

Have your cats been tested for feline leukemia and FIV? Yes No

Results and date: _____

Have your dogs been tested for heartworm? Yes No

Results and date: _____

List any behavior issues with your pets (i.e., excessive noise, aggression, fearful of strangers, separation anxiety, etc.):

Do your pets have any medical conditions? Yes No

If yes, please describe the ailments and current treatment: _____

How have your pets been housed at your home (i.e., crate-trained, indoor/outdoor pets, outdoor only pets, etc.)? _____

Have your pets received flea/tick/parasite prevention treatment? Yes No

Are your pets house-trained/litter-box trained? Yes No

If no, describe what accommodations are needed: _____

Have your pets bitten anyone? Yes No

If yes, describe the circumstances: _____

Have you brought your pets' food, collars, litter box and/or medication with you? Yes No

If no, what supplies can we provide during your stay? _____

SAF-T Agreement Between Resident and Shelter

Name of Resident: _____

Emergency Contact Name/Phone: _____

Veterinarian Name/Phone: _____

Date of Admission: _____

Anticipated Length of Housing of
Pets: _____

The [**Domestic Violence Shelter**] SAF-T program (“Shelter”) agrees to accept from the above-named shelter resident (“Resident”) the following pets into the Shelter for safe housing:

Pet Name	Species/Breed	Age	Gender	Vaccinated?
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_____	_____	_____	_____	_____
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The pets listed above are allowed to stay at no cost at the shelter for _____ days or until Resident has obtained pet-friendly housing. Vaccinations and a medical examination will be provided to Resident’s pets free of charge during Resident’s stay. If Resident’s pets require immediate medical care upon entry to the Shelter, or during their stay, due to injury or illness, Resident will be responsible for the cost of services that the Shelter veterinarian will provide. ***Please be advised that Shelter may be required to report animal abuse to the appropriate law enforcement authorities, including providing any veterinary records supplied or produced as a result of Resident’s pet staying at the Shelter. These records may be provided to law enforcement or to the prosecutor’s office for use in court, if animal cruelty charges arise.***

In exchange for Shelter providing care to Resident’s pet, Resident agrees to release and discharge Shelter and SAF-T, its successors and assigns from any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss or injury which may be sustained in consequence of the receipt of boarding and medical services under this program. This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences of them. This release, however, does not extend to violations of the law and any injuries or suffering Resident’s pet receives as a direct consequence of a violation of law.

Resident has received, read and agreed to comply with Shelter’s “Procedures for Residents with Pets.”

Shelter Resident signature

Date

SAF-T Director signature

Date

Procedures for Residents With Pets

Please remember that the safe housing of your pet through SAF-T is a privilege, and not a right, so please adhere to these procedures during your stay:

- * Be respectful of other residents who may not welcome the presence of a family pet or may have allergies to your pet. Therefore, please keep your pet in your designated room or designated kennel area in the shelter.
- * Attend to the care of your pet each day. This includes providing appropriate food, water, exercise, scooping/changing of litter, and playtime.
- * If your pet frequently barks, meows, chirps, etc., at a noise level that can be heard outside your room, please advise staff upon your entry to the shelter so that appropriate accommodations can be made to avoid disturbing other residents.
- * Clean up any messes or accidents that your pet has while inside the shelter.
- * If your pet requires immediate medical care upon entry to the shelter or during your pet's stay at the shelter, notify a staff member immediately. You may be responsible for the cost of any extraordinary medical care that the shelter veterinarian provides. We have secured low-cost and reasonable rates from our veterinarian to help reduce your financial burden during transition.
- * Supervise your children around all pets housed at the shelter.
- * Provide a copy of each pet's current vaccination records when checking in to the shelter or within 48 hours of arrival. If your pet is not current on vaccinations, the shelter veterinarian will provide vaccinations at no cost or for a reduced fee.

Upon ending your stay at the shelter, you must take your pet with you or sign a SAF-T Program Extended Care Contract for the continued boarding of your pet at the shelter while you locate pet-friendly housing. If you leave your pet behind and fail to make arrangements with the SAF-T program for extended care, you agree that the pet has been relinquished and the SAF-T program may place the pet for adoption or other disposition with a local animal protection organization and that you forfeit all legal rights to the pet.

If you violate any of these procedures during your stay, the shelter has the right to require you to find alternative placement for your pet.

Resident

Date

Consent and Release for Boarding at [Animal Protection Organization]

Name: _____
Phone Number Where We Can Contact You: _____
Emergency Contact Name/Phone Number: _____
Pet Name: _____
Gender: _____ Species/Breed: _____ Color: _____
Age: _____ Weight: _____
Special Needs: _____
Date of Last Vaccinations: _____
Current Veterinarian Name/Phone: _____
Date That Pet Will Be Retrieved by the Owner: _____

I am the owner, or agent for the owner, of the animal listed above and have the authority to give this consent. I understand that my pet will be cared for at **[Animal Protection Organization]** so long as I am a resident at **[Domestic Violence Shelter]**. When I leave **[Domestic Violence Shelter]**, I must make arrangements within 24 hours to retrieve my pet. If I fail to retrieve my pet by the date established in this contract and have failed to make arrangements for an extended stay, then I agree that the pet has been relinquished to **[Animal Protection Organization]** and that **[Animal Protection Organization]** may place my pet for adoption or rescue, or other disposition (which may include humane euthanasia).

I agree that **[Animal Protection Organization]** will update any vaccinations for my pet, at my cost, and that if unforeseen emergency medical care is required, my pet will receive that treatment and I will be responsible for the costs. If my pet is on medication for an existing condition, I agree to provide the medication to **[Animal Protection Organization]**.

In exchange for **[Animal Protection Organization]** providing care to my pet, I agree to release and discharge the **[Animal Protection Organization]**, **[Domestic Violence Shelter]** and SAF-T program, its successors and assigns from any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss or injury which may be sustained in consequence of the receipt of boarding and medical services under this program. This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences of them. This release, however, does not extend to violations of the law and any injuries or suffering my pet receives as a direct consequence of a violation of law.

Pet Owner's Signature

Date

SAF-T Extended Care Contract

Name of Shelter Resident: _____

New Address/Phone: _____

Emergency Contact Name/Phone: _____

Veterinarian Name/Phone: _____

Date Leaving the Shelter: _____

Anticipated Length of Extended Care Housing of Pets: _____

The [**Domestic Violence Shelter**] SAF-T program (“Shelter”) agrees to continue housing the following pets at the shelter as part of the Extended Care program:

_____	_____	_____	_____
Pet Name	Species/Breed	Age	Gender
_____	_____	_____	_____
Pet Name	Species/Breed	Age	Gender
_____	_____	_____	_____
Pet Name	Species/Breed	Age	Gender

The pets listed above are allowed to stay at the above-named Shelter at no cost for an extended period of _____ days while the above-named Shelter Resident (“Resident”) locates permanent or transitional pet-friendly housing. If the pet(s) require immediate medical care during their stay, Resident will be responsible for the financial costs that the Shelter veterinarian will provide. If Resident’s pets are on medication or special food, she will leave those provisions behind when she leaves the Shelter and/or will provide a sufficient quantity of those items before leaving. If Resident fails to retrieve her pets by the expiration of this Contract, she agrees that the pets have been relinquished and Shelter may place the pets for adoption or other disposition with a local animal protection organization and that Resident forfeits all legal rights to the pets.

In exchange for Shelter’s providing care to Resident’s pets, Resident agrees to release and discharge Shelter and SAF-T Program, its successors and assigns from any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss or injury which may be sustained in consequence of the receipt of boarding and medical services under this program. This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences of them. This release, however, does not extend to violations of the law and any injuries or suffering Resident’s pets receive as a direct consequence of a violation of law.

Shelter Resident signature _____ Date _____

SAF-T Director signature _____ Date _____

Resident Evaluation

As a resident of the shelter, whether you arrived with a pet or not, we would appreciate your input on our SAF-T program, which allows pets to reside with their families at our shelter. Your honest opinions and helpful feedback will assist us in making this program a success for everyone.

1. Being allowed to bring my pet(s) to the shelter through SAF-T was influential in my decision to leave my abusive home: (circle one)

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

2. I am satisfied with the services provided by SAF-T: (circle one)

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

3. What was the most helpful thing about SAF-T?

4. What can we do to make SAF-T better?

5. If you were a resident without a pet, please provide any feedback or suggestions about pets being at the shelter.