



Humane Society of
Western Montana

Emergency Release Form

Date _____ Family _____

Log #: 2017- _____

dogs: _____

cats: _____

other: _____

The undersigned owner(s) of the pet described below hereby requests the emergency housing of this pet. Reason(s) for emergency housing and agreed upon duration for housing are as follows:

Emergency/Reason for foster: _____

Duration: _____

pet's name _____		description _____		
species	<input type="checkbox"/> cat <input type="checkbox"/> dog	breed _____	ears _____	coat _____ tail _____
<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> spayed/neutered	collar _____	tag _____ chip _____
age _____	size/weight _____	special needs/diet _____		
1 ^o color _____	2 ^o color _____	veterinary info _____		

Please read and initial each statement and sign below.

- ___ I hereby release the Humane Society of Western Montana (HSWM) from any and all liability regarding the care and housing of the above pet during and following this emergency.
- ___ I will respond promptly to any contact made by HSWM. I understand if I am not able to be reached the Humane Society reserves the right to seek any medical care that the pet requires.
- ___ I give permission for the release of this pet's medical records. In the event I cannot be reached I authorize HSWM to seek any medical care this pet needs from a licensed veterinarian deemed appropriate by HSWM.
- ___ I agree to be responsible for any veterinary expenses which may be incurred in the treatment of this pet.
- ___ I acknowledge that if emergency conditions pose a threat to the safety of the pet, additional relocation may be necessary, and this release is intended to extend to such relocation.
- ___ I understand that if this pet does not have a current rabies and/or annual vaccine, it will be administered by HSWM or a licensed veterinarian at no cost to me.
- ___ I certify that I am the rightful owner of this pet and no other person has right of property.
- ___ I understand that if an pet is not claimed within five (5) days after the listed emergency is resolved (unless prior arrangements have been made), the pet will become property of HSWM.

It is the responsibility of the pet owner to keep the Humane Society of Western Montana informed of where they can be contacted during and following the emergency.

Signature of Pet Owner _____ Printed Name of Pet Owner _____ Date _____

Address of Pet Owner _____

Home Phone _____ Cell/Other Phone _____ Email _____

Place of Employment _____ Work Phone _____

Alternate Address _____ Alternate Phone (please list name) _____