

WUVA



No Pet Left Behind

**PROVIDING CRISIS
CARE FOR BC PETS**

SUPPORTED BY
PETSMART
Charities

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ABOUT Paws for Hope

Paws for Hope Animal Foundation (Paws for Hope) is an animal welfare charity based in British Columbia that envisions communities that embrace all pets as family, ensuring they are loved, free from harm, and where no pet is left behind. To that end, Paws for Hope strives to keep pets and people together, ensures BC pets survive and thrive and supports positive change in animal welfare.

Paws for Hope operates a range of programs that support companion animal welfare in British Columbia, such as direct service programs such as Better Together, Community Cats and No Pet Left Behind. Paws for Hope also leads the provincial initiative, the Paws for Hope Network Membership, and is the author of the Animal Rescue Standards of Practice, which is accompanied by a volunteer accreditation program. Paws for Hope aims to work under a social justice lens.

We acknowledge that inequities and systemic racism in our society create barriers to both opportunities and services to people because of their race, gender, disability, sexuality, mental health, or history of abuse or neglect. We commit to consistently re-evaluating our programs and policies to ensure that we are supporting people and their pets in an equitable and just manner. We would like to acknowledge that we are living and working with gratitude and respect on the traditional territories of the First Nation peoples of British Columbia.



ABOUT No Pet Left Behind

Paws for Hope Animal Foundation's No Pet Left Behind program provides temporary safe care for pets of individuals who are in crisis, including escaping violence—creating safety for people and their pets.

Animal abuse is present in 89% of domestic violence cases. Many individuals will delay leaving an abuser for fear of their pet's safety should they leave the pet behind, thus prolonging the abuse. Moreover, there are few places to go that allow pets, creating a gap in resources for these individuals. No Pet Left Behind intends to fill this important gap—ensuring pets are included in the social safety net for individuals fleeing violence.

We also recognize that there are other crises people experience that demand a temporary safe place for their pets to go while individuals get the help they need. Whether it is addiction, mental health treatment, or time to find pet friendly housing, we strive to make sure no pet is left behind.

TRAUMA INFORMED PRACTICE

Trauma Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma. It emphasises physical, psychological, and emotional safety for everyone, and creates opportunities for survivors to rebuild a sense of control and empowerment.

Interactions with pet guardians enrolled in the No Pet Left Behind program will be done through a trauma informed lens.

EXPECTED OUTCOMES

COMMUNITIES

- Pet guardians facing life crises have access to safe temporary housing for their pets while they take the time needed to get back on their feet.
- Reduction in surrenders to shelters and rescues due to lack of options for temporary pet housing.

SOCIAL SERVICES AND PUBLIC HEALTH

- Benefits of interprofessional collaborations.
- Benefits of the inclusion of pets in the social safety net.
- Reduction of barriers to helping people with pets who are seeking institutional and other forms of medical help requiring hospitalization.
- Increase in the number of individuals leaving abusive situations.

ELIGIBILITY CRITERIA

- Pet guardian can provide proof of ownership of pet seeking temporary housing.
- Pet guardian is seeking temporary housing support for pet in order to:
 - Leave an abusive situation
 - Attend residential treatment for mental health or addiction
 - Seek hospitalization for sickness
 - Find pet friendly housing
 - Spend no more than 6 months in prison/jail
- Pet guardian agrees to comply with conditions of temporary housing outlined in the service agreement and reviews and signs the Waiver and Declaration document.

PROGRAM COORDINATOR

The No Pet Left Behind Program is run by a Coordinator. The Program Coordinator is accountable to the Executive Director. The Program Coordinator's role is to:

- Establish and maintain strong relationships with key stakeholders
- Recruit, screen and support foster families
- Manage volunteer coordination and engagement
- Receive and assess requests for support
- Coordinate foster placements
- Develop and deliver program presentation for key stakeholders
- Collaborate with partners to develop foster family and volunteer training on issues related to interpersonal violence
- Coordinate training facilitation
- Manage program budget
- Manage data collection for research and evaluation purposes

KEY PARTNERS

SOCIAL SERVICES AND PUBLIC HEALTH AGENCIES

Community social services and public health agencies play an important role in supporting people and their pets. They can refer clients to the program, enabling clients to seek treatment or other means of support without having to surrender their pets. Paws for Hope may reach out for assistance to transport pets to neutral drop off locations.

ANIMAL WELFARE AGENCIES AND SHELTERS

Municipal shelters and community based animal welfare agencies are integral partners. In situations where they are not able to assist an individual reaching out for assistance, they can refer them to the No Pet Left Behind Program. Paws for Hope may reach out for assistance to temporarily board or transport a pet coming into the program or transfer a surrendered pet.

VETERINARY SERVICE PROVIDERS

Veterinary service providers (VSP) provide an essential service to the program. VSPs provide veterinary care support to pets in the program. Whenever possible, we will work with VSPs who have agreed to provide a discounted rate. VSPs can also serve as a neutral drop off location for pets transferring into the program.

INTAKE

Referrals may come from Individuals, Service Agencies, Shelters or First Responders. Referrals are made to the No Pet Left Behind Coordinator. The Coordinator will arrange for the referee to complete the necessary paperwork.

The Coordinator will then identify an appropriate placement (foster home, boarding facilitator, shelter) and arrange for the pet to be taken to a neutral location (veterinary hospital, social service agency, animal shelter, boarding facility partner).

Once a placement has been identified the pet(s) is taken to a neutral location for pick up.

When a request for service comes in, the coordinator will collect the necessary information to determine what placement is most appropriate for the animal and arrange for the animal to be dropped off at one of our Community Partner locations.

1. **Pre-Intake:** At this initial stage, the Program Coordinator (Coordinator) arranges for all necessary paperwork on an animal to be complete and signed. Once complete, the coordinator books an appointment with the facility (for brevity, Animal Shelter, Rescue Facility or Veterinary Hospital will be referred to as a facility) and discusses whether the animal requires an examination (where possible) and an appointment is made for drop off. The coordinator also arranges timing of pick-up of the animal.
2. **Intake:** The animal will come to the facility just like a regular appointment, at the scheduled date and time. Upon arrival, the guardian of the animal will sign ONE form: A Waiver of Liability only. The guardian will then leave the animal in the care of the facility.
3. **Examination:** When possible, the animal will receive a wellness examination – cost to be covered by Paws for Hope.
4. **Pick Up:** Pick up times are treated like any other client pick up (pre-arranged with the coordinator). Pick ups will be by the Coordinator or a Paws for Hope Volunteer. Once picked up, the animal falls under the care and control of Paws for Hope.

DROP OFF POLICY

The Program Coordinator [Coordinator] is responsible for arranging drop off of the pet at an approved location at a mutually agreeable time. Drop off locations may include veterinary clinics, shelters, boarding facilities or other community partner locations. All drop off locations will be provided with the Paws for Hope required paperwork package including intake instructions and authorized preliminary veterinary care instructions.

The program mandates that the Owner/Guardian be the one to drop off the pet, however, in exigent circumstances we may permit someone other than the owner to drop the pet off. On these rare occasions, we will arrange for the paperwork to be completed including transfer of ownership document.

The Coordinator will be available to discuss the placement before and during the pet's stay. Should the Coordinator not be available during a time-sensitive matter, the Executive Director will be the back up contact.

VETERINARY CARE

Upon intake, the guardian must consent to the pet receiving any veterinary care required. All animals shall have an initial examination (where possible) by a veterinarian after no more than 48 hours in our care. The visit will be covered by Paws for Hope and the Coordinator will arrange the visit and/or authorize the foster home to do so. The Coordinator will determine which clinics are equipped for which species and arrange accordingly.

The following medical treatments will be approved for all animals when deemed necessary either on intake or after no more than 48 hours in foster care. If the pet is unable to see a veterinarian immediately, they shall be kept in quarantine until so.

- An initial or booster CORE vaccination
- Parasite prevention: Deflea/Deworm
- Pain management medication for existing conditions
- Anxiety medication if required

All other non-emergent care requires authorization from Paws for Hope.

FOSTER CARE

- When possible, pet(s) will be moved to a foster home outside of the originating community.
- Pet food and supplies provided by Paws for Hope.
- Pet guardian does not have access to pets during time in foster care but may receive photos and updates via Program Coordinator.
- Foster family will not receive any personal information on the pet guardian.
- Foster family is not permitted to post photos of pets on social media sites or share information or photos with anyone outside of the Paws for Hope organization, unless it is safe to do so and foster family has approval from Paws for Hope staff.
- Foster family commits to keeping pets safe (cats will remain indoor only and dogs will be leashed at all times when outside of the home) providing quality daily care, medications and exercise as required.
- If going away, foster families must coordinate with Paws for Hope regarding temporary care of pet while away.

GUARDIAN RESPONSIBILITIES

- Guardian must complete intake forms prior to intake
- We offer 3 months of initial care, with a possibility of extending to a maximum of 3 more months if we have the available space, we do not extend beyond 6 months in care.
- If we are unable to contact the guardian and the final deadline passes, the pet may be surrendered to Paws for Hope by default, this is laid out in the “Waiver of Liability and Declaration of Intent” and discussed below.

ANIMAL OUTCOMES

While the priority of the program is to return pets to their guardian, there are circumstances where return to guardian is not possible.

GUARDIAN SURRENDER

Pets can be voluntarily surrendered to Paws for Hope for any reason. Upon surrender, the pet will be placed for adoption or transferred to a shelter/rescue partner.

DEFAULT SURRENDER

Pets are default surrendered to Paws for Hope when the date of return has expired and there has been no communication with guardian for 14 days past expiry date.

Guardians may be required to surrender pet into the program if pet is unable to return to them after six months, the maximum time any pet can remain in the No Pet Left Behind program.

EUTHANASIA

Pets may be euthanized while in care as a result of a terminal illness, injury or untreatable aggressive behaviour. Guardians will be consulted prior to euthanasia, however there may be circumstances where the decision will be made based on the advice of a veterinarian or animal behaviourist.

FOSTER CARE

In the event of an emergency, foster family may need to care for pets beyond initial agreement to provide Paws for Hope to make alternate plans if necessary.

FAQ: FOSTER CAREGIVERS

1. WHO CAN GET HELP THROUGH THE NO PET LEFT BEHIND PROGRAM?

Our program is designed to help the pets of people in a crisis. This could be people fleeing violence, people facing homelessness, people entering a treatment program for mental health or addiction, or people requiring hospital stays.

2. WHO CAN APPLY TO FOSTER?

Anyone 19 or older is welcome to apply. (You must be the age of majority in BC to be considered responsible for a pet in your care.) If you have specific requirements or allergies, you are welcome to apply, but it may take longer to find a suitable placement.

3. ARE SUPPLIES COVERED?

Paws for Hope covers the cost of all necessary supplies (e.g., food, toileting supplies, bedding). We are aware that it can be difficult to pick up supplies from a single location and are flexible in terms of how we provide supplies to fosters. The No Pet Left Behind Coordinator will work with you to find a suitable arrangement.

4. DO THE PETS RECEIVE VETERINARY CARE?

Every pet who comes into our program receives a veterinary check-up if they haven't recently had one. They also receive follow-up care for any new or existing ailments (which is covered by Paws for Hope). All pets are given recommended vaccinations, are spayed/neutered, and are treated proactively for fleas and worms if recommended by the veterinarian.

5. HOW LONG WILL THE PET STAY WITH ME?

Paws for Hope offers 3 months of foster care with the possibility of a one-time extension (for a total of up to 6 months of foster care). Pets may return before the end of the agreement. In such cases, we ask that the guardian give us 24-48 hours to arrange a return. Foster homes should be prepared to have the pet ready when given adequate notice.

6. DOES THE PET VISIT THEIR GUARDIAN DURING FOSTER CARE?

For privacy reasons, we do not permit visits during foster care. It can also be stressful for the pet to see their guardian while remaining in the foster home. We ask our foster providers for bi-monthly updates that include a short write-up and a few photos and/or videos that we can pass along to the guardian if they wish.

7. WHAT IF I CAN NO LONGER FOSTER OR NEED TO TRAVEL?

We ask that you provide as much notice as possible in the case of travel or other interruptions so that we can move the pet to another suitable foster home. Paws for Hope does not have a shelter, so providing as much notice as possible ensures we can help more pets find safe foster situations.

8. WHAT KIND OF SUPPORT DO FOSTERS RECEIVE?

The coordinator is typically available from 9-5 Monday through Fridays. They can provide basic support regarding care and behaviour and approve veterinary treatment. We also work with local dog trainers to provide one-on-one training to fosters to help work on behavioural issues.

9. WHERE ARE YOU LOCATED?

Paws for Hope does not have a physical building or shelter at this time. Our staff and volunteers work from home in the Vancouver Lower Mainland. We rely on our veterinary, animal shelter, and boarding partners for safe drop-off locations and we rely on our foster homes to care for pets in our custody.

10. WHAT HAPPENS WHEN THE PET RETURNS HOME?

The intention of our program is to return pets to their home and guardian. Pets returning home is a good thing! If the guardian is in need of support, Paws for Hope has a program called Better Together that can help with the cost of veterinary care.

11. HOW CAN I HELP?

We are always looking for foster placements for pets. As our program grows we will have further volunteer opportunities in the Vancouver Lower Mainland and eventually across the province of British Columbia.

APPENDICES

A. INTAKE

1. Waiver of Liability & Declaration of Intent
2. Waiver of Liability & Declaration of Intent: Extension Request
3. Request for Service
4. Feline Supplemental Information
5. Canine Supplemental Information

B. FACILITY INTAKE - Waiver of Liability

1. Veterinary Hospital Temporary Custody Form
2. Facility Temporary Custody Form

C. OUTCOMES

1. Termination of Service
2. Owner Surrender Form
3. Animal Transfer Form

D. SAFE ANIMAL HANDLING

1. Safe Animal Handling: COVID-19 Exposure

E. FOSTER FORMS

1. Waiver of Liability: Foster Care Provider
2. Expense Claim Form

A.1 WAIVER OF LIABILITY

WAIVER OF LIABILITY & DECLARATION OF INTENT

I _____ and _____
by way of this disclaimer and waiver, state that I/We are voluntarily requesting the fostering care of
_____ [name of pet(s)] and wish to
proceed with foster of said pets(s) with Paws for Hope Animal Foundation (Paws for Hope).

I am the legal owner of said pet and am unable to provide a home and/or adequate care temporarily
for said pet(s). It is my intent to be reunited with my pet(s) as soon as reasonably practicable or by
_____ [date; up to 3 months from date of signing].

I accept all risks associated with the care provided for said pet(s) by Paws for Hope. Care may consist of
placement in a foster home, boarding kennel or animal hospital and placement is at the sole discretion
by Paws for Hope. Should medical care be required, Paws for Hope has full right to obtain such medical
care in a veterinary clinic of its choosing. I acknowledge that Paws for Hope will not knowingly put any
animal in an environment that is unsafe and that every effort will be made to ensure my pet's safety,
comfort and well-being.

I acknowledge and agree that should I be unable to be reunited with my pet(s), or unable to be contacted
by Paw for Hope in a reasonable amount of time, by reasonable measures (phone, letter, email) or by
_____ [date; 15 days beyond date above], Paws for Hope may assume ownership and
pet(s) may be placed for adoption. If placement is not feasible, the recommendation of a Veterinarian
may be sought.

By signing hereunder, I certify that I have been informed and understand that should illness, loss,
accident or death occur to my pet(s) while in the care of Paws for Hope, there are always risks
associated with care of pets. As such, I hereby agree to hold harmless Paws for Hope, its directors,
officers, agents, staff, volunteers, members, heirs and assign and indemnify them from and against any
liability, claims, judgments or expenses that may be incurred arising from this fostering and/or care of
my pet(s).

I have carefully read the foregoing and understand that together they constitute a disclaimer of liability and release of all claims by me. I assume all risks inherent in placing my pet in the care of Paws for Hope and any related activities.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Print Name of Secondary Pet Owner

Signature of Secondary Pet Owner

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

A.2 EXTENSION REQUEST

WAIVER OF LIABILITY & DECLARATION OF INTENT: EXTENSION REQUEST

I _____ and _____
[Primary Owner] [Secondary Owner "n/a"]

By way of this disclaimer and waiver, state that I/We request to extend the fostering care of

[name of pet(s)]

with Paws for Hope Animal Foundation (Paws for Hope).

I confirm that I am the legal owner of said pet(s) and am temporarily unable to provide a home and/or adequate care for said pet(s). It is my intention to be reunited with my pet(s) as soon as reasonably practicable or by _____ [date; maximum stay in care is 6 months].

I acknowledge that Paws for Hope will not knowingly put any animal in an environment that is unsafe and every effort will be made to ensure my pet's safety, comfort and well-being. Care may consist of placement in a foster home, boarding kennel or animal hospital and placement is at the sole discretion of Paws for Hope. Should medical care be required, Paws for Hope has full right to obtain such medical care in a veterinary hospital of its choosing. I accept all risks associated with the care provided for said pet(s) by Paws for Hope.

I acknowledge and agree that this is a final extension for care and should I be unable to be reunited with my pet(s), or am unable to be contacted by Paw for Hope by reasonable measures (phone, letter, or email) or by the date above, Paws for Hope may assume ownership and pet(s) may be placed for adoption. If placement is not feasible, the recommendation of a Veterinarian may be sought.

By signing hereunder, I certify that I have been informed and understand that should illness, loss, accident or death occur to my pet(s) while in the care of Paws for Hope, there are always risks associated with care of pets. As such, I hereby agree to hold harmless Paws for Hope, its directors,

officers, agents, staff, volunteers, members, heirs and assign and indemnify them from and against any liability, claims, judgments or expenses that may be incurred arising from this fostering and/or care of my pet(s).

I have carefully read the foregoing and understand that together they constitute a waiver of liability and release of all claims by me/us. I assume all risks inherent in placing my pet in the care of Paws for Hope and any related activities.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Print Name of Secondary Pet Owner

Signature of Secondary Pet Owner

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

A.3 REQUEST FOR SERVICE**REQUEST FOR SERVICE APPLICATION****CONTACT INFORMATION**

Name of Pet Owner: _____

Full Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Pet(s) to be fostered

Name	Species	Age

Veterinarian Name: _____

Vet Phone: _____

Vet Email: _____

Is pet(s) spayed/neutered? ☐ Yes ☐ NoIf no, do you agree to have your pet(s) spayed/neutered? ☐ Yes ☐ NoIs pet tattooed or micro-chipped for identification? ☐ Yes ☐ No

If yes, provide details: _____

Please provide information to ensure we can provide the best care possible for your pet(s). For example, special needs, dietary requirements, housing/caging/equipment, medical conditions, behaviour issues etc. Tell us about their favourite things or routines if possible.

Cats MUST have a secure carrier to travel in. If you do not have one, we will arrange to get one to you before travelling with the cat(s). Do you need a carrier(s), and how many?

If your pet is a dog, is he/she crate/kennel trained? ☐ Yes ☐ No

Will you be providing any supplies for your pet(s) such as food, equipment, crate, bedding, collars?

☐ Yes ☐ No

If yes, please list items:

Please provide the name and phone number of someone you authorize to act on your behalf, should you be unable to be contacted or to provide instructions or information to a representative of Paws for Hope Animal Foundation (Paws for Hope). Should you be unable to reunite with your pet and provide instructions for its permanent care, this person may be asked to provide such instruction. If a contact is not provided and Paws for Hope is unable to contact you within one month of the end date of the placement, pet(s) will be considered abandoned and Paws for Hope shall become the legal owner of said pet with all rights to the future of said pet(s).

Name: _____

Relationship: _____

Phone: _____

Email: _____

REFERRAL AGENCY

Agency Name: _____

Contact Person: _____

Phone: _____

Email: _____

COMMUNICATION

Who will be the primary contact while pet(s) are in Paws for Hope's care?

☐ Myself ☐ Other (please provide contact info if different than above contact information)

Contact Name: _____

Address: _____

Phone(s): _____

Email: _____

AGREEMENT & SIGNATURE

By signing this Request for Service agreement, I confirm that the above information is true.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

A.4 SUPPLEMENT: FELINE**REQUEST FOR SERVICE APPLICATION:
FELINE SUPPLEMENT INFORMATION**

Please fill in the information as best as possible, use the backside of the form for additional information that might be helpful to the foster home.

Name of Pet: _____

Date: _____

Name of Owner: _____

PET DESCRIPTION

Age / Date of Birth: _____

Breed: _____

Colouring: _____

Distinctive markings, tattoo, microchip: _____

PET FOOD

Brand: _____

Type (wet/dry/raw): _____

Feeding Schedule & Amount: _____

Treats (likes/dislikes, special instructions): _____

ENVIRONMENT

☐ Indoor only

☐ Outdoor supervised

☐ Outdoor on leash only

☐ Free-roaming outdoor

LITTER BOX

Is your cat litter box trained?

☐ Yes

☐ No

Has your cat had litter box issues in the past? (if yes, please explain): _____

BEHAVIOUR/TEMPERAMENT

Is your cat likely to be fearful on arrival or will they settle in easily? _____

Are they prone to bolting if/when outdoors?

☐ Yes

☐ No

Do they react to other cats/animals/people/children? (please list): _____

Please explain their general behaviour (e.g., calm/easily stressed/aggressive/shy at first/other): _____

SOCIALIZATION

Has your cat lived with other animals?

☐ Yes

☐ No

If so, how does it behave with them?

How does your cat act around strangers?

Is the cat fearful of anything specific?

MEDICAL

Please list most recent dates for the following.

Last vet checkup: _____

Vaccination (FVRCP): _____

Vaccination (FeLV): _____

Deflea: _____

Deworming: _____

Describe in detail any existing or previous medical conditions or ongoing treatments:

Is your cat currently on medication? ☐ Yes ☐ No

Name of Medication(s): _____

Condition(s) being treated: _____

Medication instructions (dosage, timing, etc): _____

Has cat received this medication in the past? ☐ Yes ☐ No

Does this require follow up vet care? ☐ Yes ☐ No

If so, how often? _____

HISTORY

How long has this cat been with you? _____

Has the cat ever bitten/scratched or been aggressive? ☐ Yes ☐ No

If yes, please describe: _____

How did you acquire the cat? If from a rescue, please provide name of the Rescue organization.

OTHER INFORMATION

Please provide any other information that will assist us in placing your cat in the most appropriate foster home. Should pertinent details be omitted, we may be forced to remove the pet from foster care. This will be discussed with you.

AGREEMENT AND SIGNATURE

I declare that the information in this Feline Supplementary form is true and complete. I have disclosed all information about my cat that may be needed to ensure its safety and that of the foster home.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

A.5 SUPPLEMENT: CANINE**REQUEST FOR SERVICE APPLICATION:
CANINE SUPPLEMENT INFORMATION**

Please fill in the information as best as possible, use the backside of the form for additional information that might be helpful to the foster home.

Name of Pet: _____

Date: _____

Name of Owner: _____

PET DESCRIPTION

Please note: The dog's height/weight may determine the type of foster home.

Height to Shoulder: _____

Weight: _____

Breed: _____

Colouring: _____

Distinctive Markings: _____

Identification (tattoo/microchip): _____

PET FOOD

Brand: _____

Type (wet/dry/raw): _____

Feeding Schedule & Amount: _____

Treats (likes/dislikes, special instructions): _____

TRAINING

Has dog received any training? ☐ Yes ☐ No

At what age/by whom? _____

EXERCISE

How active is your dog? _____

What distance is your dog able to walk? _____

Is your dog able to walk up and down stairs? ☐ Yes ☐ No

Is your dog leash/harness trained? ☐ Yes ☐ No

BEHAVIOUR

Does your dog climb/jump fences? ☐ Yes ☐ No

Does your dog dig outside? ☐ Yes ☐ No

Does your dog bolt outdoors? ☐ Yes ☐ No

Does your dog react to other dogs/animals/people while on walks? ☐ Yes ☐ No

Does your dog react to visitors/cats/children while inside? ☐ Yes ☐ No

Does your dog sleep overnight in a crate or kennel? ☐ Yes ☐ No

Does your dog remain quiet if left in a crate or kennel while alone during the day? ☐ Yes ☐ No

Has your dog ever suffered from separation anxiety? ☐ Yes ☐ No

SOCIALIZATION

Has your dog lived with other dogs, and/or cats? ☐ Yes ☐ No

If so, how does it behave with them? _____

MEDICAL

Please list most recent dates for the following. Last vet checkup: _____

Deflea: _____ Deworming: _____

Describe in detail any existing or previous medical conditions, surgeries, injuries, treatments:

Is your dog currently on medication? ☐ Yes ☐ No

Name of Medication(s): _____

Condition(s) being treated: _____

Medication instructions (dosage, timing, etc): _____

Has your dog received this medication in the past? ☐ Yes ☐ No

HISTORY

How long has this dog been with you? _____

Has the dog ever bitten or been aggressive? ☐ Yes ☐ No

If yes, please describe: _____

How does your dog react around children? _____

How did you acquire your dog? If from a rescue, please provide name of the rescue organization.

OTHER INFORMATION

Please provide any other information that will assist us in placing your dog in the most appropriate foster home. Should pertinent details be omitted, we may be forced to remove the pet from foster care. This will be discussed with you.

AGREEMENT AND SIGNATURE

I declare that the information in this Canine Supplementary form is true and complete. I have disclosed all information about my dog that may be needed to ensure its safety and that of the foster home.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

B.1 VETERINARY HOSPITAL TEMPORARY CUSTODY FORM

WAIVER OF LIABILITY: VETERINARY HOSPITAL TEMPORARY CUSTODY FORM

I _____ and _____
by way of this Waiver of Liability, state that I/We are voluntarily requesting the fostering care of
_____ [name of pet(s)] and wish to proceed with foster of said
pets(s) with Paws for Hope Animal Foundation (Paws for Hope).

I am the legal owner of said pet(s) and agree to allow _____
(Clinic) temporary custody of my pets named above until they are transferred into the care of Paws
for Hope upon which time this form shall become null and void.

I accept all risks associated with the care provided for said pet(s) by Clinic. Care may include but is
not limited to a medical exam and treatment for emergent issues, as well as boarding at Clinic should
a foster home not be immediately available or appropriate. Should emergent medical care be required,
I give Paws for Hope and Clinic full right to provide such medical care at their discretion. Cost for
emergent care will be covered by Paws for Hope.

By signing hereunder, I certify that I have been informed and understand that should illness, loss,
accident or death occur to my pet(s) while in the care of Clinic, there are always risks associated
with care of pets. As such, I hereby agree to hold harmless Clinic, its directors, officers, agents, staff,
volunteers, members, heirs and assign and indemnify them from and against any liability, claims,
judgments or expenses that may be incurred arising from the care of my pet(s).

I have carefully read the foregoing and understand that together they constitute a disclaimer of liability
and release of all claims by me. I assume all risks inherent in placing my pet in the care of Clinic and
any related activities.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Signed at _____

[location]

On this day _____

[date]

Paws for Hope Animal Foundation

www.pawsforhope.org

B.2 FACILITY TEMPORARY CUSTODY FORM

WAIVER OF LIABILITY: ANIMAL SHELTER TEMPORARY CUSTODY FORM

I _____ and _____
by way of this Waiver of Liability, state that I/We are voluntarily requesting the fostering care of
_____ (name of pet(s)) and wish to proceed with foster of said
pets(s) with Paws for Hope Animal Foundation [Paws for Hope].

I am the legal owner of said pet(s) and agree to allow _____
(Shelter) temporary custody of my pet(s) named above until they are transferred into the care of Paws
for Hope upon which time this form shall become null and void.

I accept all risks associated with the care provided for said pet(s) by Shelter. Care may include but is
not limited to a medical exam, including vaccinations and parasite control, and treatment for emergent
issues, as well as boarding at Shelter should a foster home not be immediately available or appropriate.
Should emergent medical care be required, I give Paws for Hope and Shelter full right to provide such
medical care at their discretion. Cost for emergent care will be covered by Paws for Hope.

By signing hereunder, I certify that I have been informed and understand that should illness, loss,
accident or death occur to my pet(s) while in the care of Shelter, there are always risks associated
with care of pets. As such, I hereby agree to hold harmless Shelter, its directors, officers, agents,
staff, volunteers, members, heirs and assign and indemnify them from and against any liability, claims,
judgments or expenses that may be incurred arising from the care of my pet(s).

I have carefully read the foregoing and understand that together they constitute a disclaimer of liability
and release of all claims by me. I assume all risks inherent in placing my pet in the care of Shelter and
any related activities.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Signed at _____

[location]

On this day _____

[date]

Paws for Hope Animal Foundation

www.pawsforhope.org

C.1 TERMINATION OF SERVICE

TERMINATION OF SERVICE

To be completed by owner at time of termination of foster services by Paws for Hope Animal Foundation

CONTACT INFORMATION

Name of Pet Owner: _____

Full Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Pet(s) fostered: _____

Length of placement: _____

Name of Foster: _____

Notes: _____

AGREEMENT AND SIGNATURE

By signing this Termination of Service agreement, I confirm that my pet(s) is being returned to my possession and no further service by or obligation of Paws for Hope Animal Foundation, its directors, staff, volunteers, or foster providers is active.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

C.2 OWNER SURRENDER**OWNER SURRENDER FORM**

I/We, _____ and _____

By way of this document, state that I/we voluntarily surrender the ownership of our pet(s)

_____ [name(s)], described as

_____ [breed/species] of

approximate age(s) _____ to Paws for Hope Animal Foundation.

I/we am/are the legal owner(s) of said pet and due to family or personal crisis am/are unable to provide a home and/or adequate care for said pet. It is my/our intent that we not be reunited with said pet for any reason. I/we have the right to make this transfer of ownership and have not willfully concealed any information about this/these pet(s).

I/we accept and understand that I/we are forever giving up ownership of said pet and that Paws for Hope Animal Foundation will have the right to make all decisions regarding the placement of said pet. Once signed, this transfer of ownership is not revocable. I/we have carefully read the foregoing, and understand that together they constitute a disclaimer of liability and release of all claims on said pet(s) by me/us.

Print Name of Primary Pet Owner

Signature of Primary Pet Owner

Print Name of Secondary Pet Owner

Signature of Secondary Pet Owner

Signed at: _____
[location]

On this day: _____
[date]

Paws for Hope Animal Foundation

www.pawsforhope.org

C.3 ANIMAL TRANSFER FORM

ANIMAL TRANSFER FORM

Date: _____
[month/day/year]

Intake # _____

ORGANIZATION INFORMATION

Organization: _____

Address: _____

Contact Person: _____

Phone Number(s): _____

Email: _____

Transport Person (if applicable): _____

ANIMAL INFORMATION

Name: _____

Species: _____

Breed: _____

Color/Characteristics: _____

Sex: _____

Spay/Neuter: _____

Tattoo: _____

Microchip: _____

I will indemnify and save harmless Paws For Hope Animal Foundation from all cost, claims or expenses of any kind by reason of taking the above animal from Paws For Hope Animal Foundation into their care.

I understand that Paws For Hope Animal Foundation has provided health and behaviour information of the above animal to the best of their knowledge. I certify that I understand that there are no warranties or assurances of any kind as to the health and behavior of the above animal, and this release is final.

Representative Signature

Paws For Hope Signature

D.1 SAFE ANIMAL HANDLING: COVID-19 EXPOSURE

SAFE ANIMAL HANDLING: COVID-19 EXPOSURE

The following outlines best practices for animal handling for animals originating from affected human homes. Personnel and volunteers should not enter homes of known affected people when possible. (See *hand-off suggestions at the end of this document*).

Personnel and volunteers must wear Personal Protective Equipment (PPE) when:

- Entering a contaminated environment (i.e an infected person's home);
- Handling an exposed animal (as for intake processing); or
- Bathing a potentially infected animal.

For these purposes, PPE includes:

- Gown
- Gloves
- Shoe covers
- Cap
- Face mask/shield if bathing an animal where possible. If not, make every effort to minimize splashing of bathwater onto your face. Masks should not be shared, face shields should be be disinfected between users.

HOUSING INFECTED ANIMALS

1. Ideally animals from infected homes should be fostered in homes without other animals or household members who may be vulnerable.
2. If there are other animals or vulnerable people in the home, the animal should be kept in a separate room/area of the home if possible.
3. Bathe dogs at intake. A detergent such as Dawn dishwashing soap will reduce viral contamination. (** Experienced persons only: Dipping in accelerated hydrogen peroxide diluted 1:120 and left on for 10 minutes before rinsing is an optional additional step - **This should only be done with extreme caution, and by someone experienced with this).
4. Do not bathe cats and other animals at intake, unless bathing is indicated for other reasons

(stress and risks outweigh benefits).

5. Immediately disinfect exposed surfaces in common use areas where exposed animals have contacted (floors, gurneys, vehicles, tables, handling equipment, etc).
6. Segregation for **5 days** is currently recommended. After 5 days, if still in care, animals can be handled without precautions.

While in care, welfare standards still apply. Dogs should still be walked (using separate designated routes and no contact with people who aren't wearing PPE) and animals should engage in social contact with humans if they choose to do so (humans must wear PPE). Do not kiss animals or allow them to lick your face. The usual guidelines for hand hygiene, food consumption in areas separate from animals, etc should also be followed.

At this time, **these guidelines apply only to animals from known affected human households**, not to all intakes or animals with unknown history.

DISINFECTING CONTAMINATED ITEMS AND SURFACES

When possible, spray with a disinfecting spray, allow to sit/soak and rinse well. Add bleach and use hottest setting for laundry or discard.

HANDOFF INSTRUCTIONS

Health advisories state that people should remain at a TWO metre distance, therefore when possible, animal(s) should be transferred as described below:

Cats and small animals should be in a secure carrier. Leave carrier just outside door for pick up when possible or have guardian load directly into transportation vehicle without touching doors or any part of the vehicle. PPE should be used by personnel and volunteers when securing the animal.

When possible, transfer of dogs should be done at a distance as well. This may involve the guardian loading the dog into a carrier or kennel or other arrangement. If dropping off a dog to a foster home, driver might bring the dog to the homeowner's car and PPE should be worn.

E.1 WAIVER OF LIABILITY: FOSTER CARE PROVIDER

WAIVER OF LIABILITY: FOSTER CARE PROVIDER

I/We, _____ and _____
by way of this disclaimer and waiver, state that I/We are aware of the known history and possible risks
associated with the foster of _____
described as a _____ [breed/species] of approximately
age _____ and wish to proceed with fostering said animal.

We have been advised and accept all risks associated with providing care, shelter and security of said animal. We will not knowingly put the animal in an environment that is unsafe for the animal or humans. Cats and dogs will never be allowed outside alone, and if/when outside, will be leashed and under control at all times. No animal will have photos posted on social media or any other public forum unless special permission is granted. I/We understand that this animal has been willingly placed in foster care by its legal owner due to interpersonal violence. It is the intent of the owner to be reunited with their pet as soon as reasonably practicable.

Should we be unable to provide the required care and security for said animal, I/we will immediately advise Paws for Hope Animal Foundation's (Paws for Hope) Crisis Foster Care Coordinator, and upon request return the animal to the care of Paws for Hope. I/We agree to not give away, sell, or dispose of the animal in any way. Should immediate veterinary care be required, Paws for Hope will be advised and direction received for subsequent medical treatment beyond immediate life-saving measures.

By signing hereunder, I/we certify that I/we have been informed and understand that there are always risks associated with working animals.

I/We have had the ability to discuss with Paws for Hope's Crisis Foster Care Coordinator, the possible risks of fostering said animal and have made sufficient inquiries to satisfy the assumption of responsibility for said animal.

I/We hereby agree to hold harmless Paws for Hope, its directors, staff, volunteers, members and assign and indemnify them from and against any liability, claims, or judgments that may be incurred arising from this fostering.

I/We have carefully read the foregoing, and understand that together they constitute a disclaimer of liability and release all claims by me/us. I/We assume all risks inherent in the decision to foster the animal and any related activities.

Print Name of Primary Foster Provider

Signature of Primary Foster Provider

Print Name of Secondary Foster Provider

Signature of Secondary Foster Provider

Signed at _____
[location]

On this day _____
[date]

Paws for Hope Animal Foundation
www.pawsforhope.org

E.2 FOSTER EXPENSE CLAIM FORM

FOSTER EXPENSE CLAIM FORM

1. Claims should be submitted once per month;
2. ORIGINAL RECEIPTS for all expenses must be attached;
3. Clear purchases with Program Coordinator BEFORE making any purchases;
4. Mail completed form AND original receipts to:

Paws for Hope Animal Foundation

PO Box 20973

Maple Ridge, BC

V2X 1P7

Foster Name: _____

Animal(s) in foster: _____

Cheque payable to: _____

Address: _____

Total amount claimed: _____

OFFICE USE ONLY

Cheque total: _____

No: _____

Date: _____

EXPENSES

Please use one line for each receipt.

Account Name	Account # (Office Use Only)	Date of Purchase	Description	Amount (Receipt Total)	Office Use Only	Office Use Only
Foster Supplies						
Transportation*						
Other						
			Total			

*Transportation costs are only covered in exceptional circumstances, where the expenditure has been pre-approved with the coordinator, please call to discuss how to submit this expense.