

Conditions for use of RSPCA WA's Pets in Crisis service

I, the undersigned, confirm that I am 18 years of age or over; and I am the sole legal owner of the following animal or animals; and no other person has any proprietary interest in the following animal or animals:

Name of Pet: _____ Type of animal: _____

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1. In this agreement, the expression 'pet' applies to each, and every animal listed above.
2. I give authority for my pet to enter into the temporary care of RSPCA WA for a period of 3 months, or until I request my pet back. I agree to contact RSPCA WA before the expiration date to renew this agreement. Following the initial 3-month period a request for a further 3-month extension may be made, as long as my pet has been suitable to be placed in foster care. Each extension requires a new agreement to be signed to be considered valid. Any further extensions beyond 6 months are on a case by case basis and not guaranteed.
3. I understand that:
 - (i) RSPCA WA will in most cases arrange foster care for my pet; and
 - (ii) I will not be given access to my pet while it is in foster care; and
 - (iii) ordinarily, I will not be told the identity of the foster carer; but if for any reason I become aware of that identity, I will not disclose that information to anyone else; and
 - (iv) if this agreement relates to more than one animal, those animals may be located with different foster carers.
4. I understand that if a serious incident occurs with my pet or should my pet be unsuitable to be placed in foster care or remain in care at RSPCA WA/an external boarding facility then RSPCA WA reserves the right immediately to return the pet to me or to make alternative arrangements. If I am unable to reclaim my pet after 7 days of being notified that the pet is unsuitable to remain in the program, then my pet will become the property of RSPCA WA and may then be permanently rehomed or euthanised.
5. I give permission to RSPCA WA to contact my veterinarian for my pet's medical history. I understand and agree that should my pet need to be vaccinated, microchipped or sterilised, this treatment will be arranged by the RSPCA WA as standard procedure and the cost of this is covered by the *Pets in Crisis* program. Sterilisation, where appropriate dependant on species, is a mandatory requirement for pets entering the program.
6. I authorise RSPCA WA to act on my behalf in seeking and acting on veterinary advice about my pet and understand that should my pet need veterinary treatment outside standard care and sterilisation, I will be contacted to discuss the treatment to be provided where possible. If I am not contactable and a veterinary surgeon advises that immediate treatment is needed, I agree that this treatment may proceed, and I authorise RSPCA WA to act on my behalf.
7. I understand and agree that in the event of serious injury, illness or distress, should a veterinary surgeon advise that the only option is to have my pet humanely euthanised, RSPCA WA will act on this advice, to prevent my pet from suffering further.
8. I understand and agree that RSPCA WA will not be held responsible in event of injury, illness or death of my pet.
9. Should I fail to contact RSPCA WA within 14 days of the expiry of this agreement to renew or reclaim my pet then my pet will become property of RSPCA WA where it may be permanently rehomed or euthanised. I understand it is my responsibility to provide updated contact information if this changes.
10. I understand that the Pets in Crisis program is confidential and agree to not to discuss my involvement in the program with anybody other than my case worker for the duration of the foster period.

I understand that by completing and signing this form, I have agreed to all the terms and conditions as outlined in this agreement:

Pet owner name: _____ Signature: _____

Current phone number: _____ Date: _____

Emergency contact name (if available): _____ Contact Number: _____

Term of agreement: Initial 3 months 3 month extension 1 month extension **Expiration Date of agreement:** _____

Signed by RSPCA WA representative: _____ Print name: _____ Date: _____