



Riverside County Department of Animal Services  
Healthy Pet Zone Assistance Program  
Agreement for Temporary Boarding of a Pet

Animal ID: \_\_\_\_\_ Intake Date: \_\_\_\_\_ Planned RTO Date: \_\_\_\_\_

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Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ DL/ID#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell (please include service provider): \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_ License #: \_\_\_\_\_ Exp: \_\_\_\_\_  
Pet's regular DVM: \_\_\_\_\_ Office/Hospital: \_\_\_\_\_  
Current medical conditions and medications: \_\_\_\_\_

Any Injuries or illness in the last 30 days? Y N (if yes, please explain) \_\_\_\_\_

Has the pet ever bitten a person? Y N (if yes, when/circumstances?) \_\_\_\_\_

Potty Trained? Y N Crate Trained? Y N Knows commands? Y N Leash-trained? Y N  
My pet dislikes: Being touched: \_ when sleeping \_ on ears \_ on mouth \_ on lower \_ on tail  
\_ dogs \_ cats \_ men \_ women \_ children \_ strangers \_ grabbing collar \_ hugs \_ being  
brushed \_ other (please specify): \_\_\_\_\_

Time pet normally spends: Inside \_\_\_\_\_% Outside \_\_\_\_\_% With people \_\_\_\_\_%  
Is there anything else that we should know about your pet in order to provide the best  
possible care? \_\_\_\_\_

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Persons authorized to assume medical responsibility or take possession of your pet if we can't reach you :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Release of Veterinary Records:** I authorize any veterinarian possessing medical records or information related to my pet (listed above) to release all records/information held by him/her to the Riverside County Department of Animal Services upon request by any RCDAS employee.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AGREEMENT**

I understand that the Riverside County Department of Animal Services provides a temporary boarding service for animals when the owner needs assistance in certain circumstances and as determined feasible by the Department. I am seeking temporary housing and care of my pet described in this document (my pet) for such a purpose. By accepting the services of temporary housing and care for my pet, I understand that I will be required to abide by the provisions of this agreement including retrieving my pet at the time designated or mutually agreed upon. I understand that I can contact the department coordinator anytime during regular business hours 8 am to 5 pm at 951-358-PETS to inquire about the health care, or well-being of my pet, or with any other questions about the programs.

I certify that I am the true legal owner of my pet described on this document, that I am at least 18 years of age, and that I am lawfully authorized to make decisions on my pet's behalf.

**Initials:** \_\_\_\_\_

I understand that my pet may be housed at any one of the County animal shelters, or with a foster or partner facility, in the sole discretion of the department, and that the housing locations may change during my pet's stay. The Department will make reasonable attempts to house my pet at a location that affords me access for visits, but that cannot be guaranteed. I acknowledge and agree that, for confidentiality purposes, the Department might not disclose the name of location where my pet is housed if it is housed with a foster, and that my identity/contact information might not be made known to the foster.

**Initials:** \_\_\_\_\_

I understand that if my pet is housed at a County shelter, I can visit my pet from outside of the enclosure at any time during normal business shelter hours. I may also request to visit with my pet in a play yard (for dogs) or interaction room (for cats). I understand that a staff member will need to accompany me, and I will need to sign a waiver form for each play yard/interaction room visit. Due to limited staffing, these visits are limited to 10 minutes and are not guaranteed to be available.

**Initials:** \_\_\_\_\_

The goal of this program is to reunite me with my pet as soon as possible. I may at any time during agreed upon period of temporary housing, during hours the shelter is open to the public reclaim my pet or authorize a person listed on this document to claim my pet on my behalf. Either I or a person I authorize can reclaim my pet prior to the end of this Agreement.

**Initials:** \_\_\_\_\_

It is important that the Department has frequent contact with me. This helps me to exercise control over the care and medical treatment my pet received. I will contact the Department at

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least once a week to check on the physical and behavioral health of my pet if possible. I must also notify the Department immediately, but in no case later than 24 hours, of any changes in my contact information including any temporary addresses, email, or phone numbers. Additionally, I must notify the shelter if I have been discharged from a program within 24 hours to arrange for pet reunification.

Temporary boarding is generally for a 2-week (14 calendar day) period unless you are entering a time specific program. Extensions may be granted at Department management's discretion, upon a showing of continued need. All extensions must be made in writing and attached to this Agreement to be valid and prevent my pet from being deemed abandoned. I anticipate being in a program until (date) \_\_\_\_\_.

**Initials:** \_\_\_\_\_

I understand that my pet may be picked up by me or by someone that I authorize, but **if my pet is not picked up within 14 calendar days after the day my pet was due to be picked up, my pet will be deemed to be abandoned.** I understand that the Department has no obligation to contact me or remind me of the due date. If my pet is deemed abandoned, the Department will first try for a period of at least 10 days to find a new owner for my pet or turn my pet over to a society for the prevention of cruelty to animals, humane society, or nonprofit animal rescue group. **If the Department is unable to place my pet with a new owner, shelter, or rescue group, the Department may euthanize my pet depending on the medical and behavior disposition of the pet.**

**Initials:** \_\_\_\_\_

In order to reduce the potential for disease transmission, I authorize the Department to provide vaccinations, deworming, medications, and flea/tick medications to my pet that, in the sole discretion of its medical staff, are deemed necessary and appropriate. These will be provided at no cost to me. I understand that there is a risk of adverse reaction and assume all liability for that risk. I further understand that the Department is not responsible for the medical care of my pet beyond normal wellness and maintenance treatments. I understand that my pet may show symptoms of previously undetected illnesses/injuries, or that my pet may become injured or ill while being temporarily housed by the Department or others. Should a need for medical treatment beyond the services described above arise, the Department will attempt to contact me to discuss treatment and payment options. I acknowledge and agree that I will be responsible for the cost of medical treatment beyond the treatments described above, and basic care provided by the Department medical staff. If a medical emergency occurs that requires medical care beyond routine first aid, and I cannot be timely reached, I authorize the Department to exercise its sole discretion in providing appropriate treatment, and if needed humanely euthanize my pet.

**Initials:** \_\_\_\_\_

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The department wants my pet to stay as happy and as well-socialized as possible during his/her stay. The department may have volunteers or staff available to take my pet out for walks or spend time with him/her in an interaction yard/room, depending on the species of my pet. I understand that there is some risk involved in these activities. If my pet bites someone quarantine procedures will be followed. Also, my pet may get loose and escape from the facility and /or injure a person or other animal. The Department has safety measures in place to prevent these problems, but I am aware that such hazards still exist.

**Initials: \_\_\_\_\_** I (circle one) **DO DO NOT want my pet to participate in socialization/exercise.**

Changes in diet can cause diarrhea and other illnesses. I understand that my pet will need to be fed a consistent diet for the entire stay with the Department. Food or treats can be brought from home. If I can provide my pet's personal diet, I must provide the Department with enough food for the entire stay. If the Department runs out of the food, I provide it will switch my pet to the Department's diet.

**Initials: \_\_\_\_\_**

I understand that toys can clog drains in the kennels and treats can cause diarrhea. Dogs can also chew up their beds. For these reasons, the Department does not allow treats, toys, or beds other than what is provided by the care center (Kuranda beds, blankets, Kong toys, etc).

**Initials: \_\_\_\_\_**

I understand that the following free services are required for participation in this program:

**Initials: \_\_\_\_\_** I authorize the department to surgically sterilized my pet (spayed/neutered)

**Initials: \_\_\_\_\_** I authorize the department to implant a microchip in my pet

I understand all surgical/medical procedures have adverse risks, and agree to hold the Riverside County Department of Animal Services, its employees and its agents, including Department volunteers, harmless for any illness or injury suffered by my pet while undergoing any surgical/medical procedure at any of the Riverside County Department of Animal Services facilities or other Department-approved facility.

**Initials: \_\_\_\_\_**

I understand that my pet may be subject to mandatory licensing, and that pet owners are responsible for license fees. If applicable, I will be required to obtain a license with claiming my pet. If this presents a financial hardship, I can inform the Department and staff will discuss fees and payment options with me.

**Initials: \_\_\_\_\_**



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I agree to hold the Riverside County Department of Animal Services, its employees and its agents, including Department fosters, harmless for any illness or injury suffered by my pet while it is housed at any of the Riverside County Department of Animal Services facilities or other Department-approved facility.

**Initials:** \_\_\_\_\_

I also agree to indemnify, defend, and hold harmless the Riverside County Department of Animal Services, its Special Districts, elected and appointed offices, employees, agents, and volunteers ("County Indemnitees") from and against any and all liability, including but not limited to demands, claims, actions, fees, costs and expenses (including attorney and expert witness fees) arising from and/or relating to this agreement, except for such loss or damage arising from the willful misconduct of County Indemnities.

**Initials:** \_\_\_\_\_

**I certify (or declare) that:**

**I acknowledge that I have read and understand this Agreement of Temporary Boarding of a Pet ("Agreement") provided above prior to signing it;**

**I understand and agree to abide by all the provisions set forth in this Agreement; and, I am signing this Agreement, voluntarily of my owner free will.**

Signed at (city): \_\_\_\_\_, CA.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

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Name/title of staff receiving application:  
\_\_\_\_\_

Signature of Department Staff: \_\_\_\_\_ Date:  
\_\_\_\_\_