



Pets in Crisis Policy/Procedure

Effective Date: 11/1/2016

Purpose

To provide a clear policy and procedure for animals presented to MCAS in need of emergency , short-term housing and assistance.

Policy

MCAS has established a program to provide temporary respite care to owners and their pets in need of emergency boarding services. This program is designed to offer services to pet owners who need short-term housing assistance (up to 14 days) for their pets due to an unforeseen emergency situation. Such situations may include loss of housing, domestic violence incidents, emergency medical/psychiatric issues, or other similar crisis events. The ability of the MCAS to offer these services will be determined on a case-by-case basis depending upon available shelter space, foster care space, staffing and financial resources.

Procedure

The following procedures are to be followed for the Pets in Crisis Program:

- Any/all persons seeking to utilize this program must complete the **Pets in Crisis Referral Form**.
- The Shelter Manager and/or designee will review each request and will consult with the referring agency, if applicable, to determine acceptance into program.
- Upon acceptance into the program, the Shelter Manager and/or designee will work directly with the owner and/or referring agent regarding intake process, anticipated date of entry and animal specific issues. The **Pets in Crisis Temporary Emergency Care Agreement** must be completed prior to accepting animals into care.
- Upon intake to the shelter, the animal's information will be entered into the Shelter Database and the status will be designated as "Pets in Crisis". The animal will receive all basic intake and medical services.
- Animals may be housed at MCAS shelter or in foster care, depending on the individual needs of the animal and availability of space.
- Upon return to owner and discharge from the program, the owner must sign the **MCAS Redemption Form**, indicating that they have reclaimed their pet.

Approved by: _____
Jackie Rose, Animal Services Director

PETS IN CRISIS PROGRAM
Temporary Emergency Care Agreement

I am requesting my pet(s) be placed into temporary emergency care at Multnomah County Animal Services (MCAS). In consideration for MCAS accepting the animal(s) described above for temporary emergency care, I hereby warrant, represent, understand, and agree as follows:

1. I am the lawful owner, or duly authorized representative of the owner, of the animal, and possess unrestricted authority to place the animal with MCAS.
2. I hereby certify, to the best of my knowledge, that the animal(s) has not bitten any other animals or persons within _____ days immediately prior to the date of this agreement.
3. Upon delivery of animal(s) to MCAS, I will provide copies of the animal's vaccination records. If my animal(s) do not have current vaccinations for rabies, distemper or bordatella, I authorize MCAS to administer these vaccines. Additionally, if my feline animal(s) have not been recently tested for FELV/FIV, I authorize MCAS to perform this testing. I understand that MCAS will cover the cost of these services as part of the support they provide through the PETS IN CRISIS program.
4. I authorize MCAS to make necessary, day-to-day decisions about the animal as well as provide the animal with emergency medical treatment, if determined to be necessary by MCAS medical staff. MCAS agrees to contact me as soon as reasonably possible in the event emergency medical treatment is necessary. I further understand that I will be charged for any veterinary expenses (beyond what is described in #3 above) incurred during my pet's stay with MCAS.
5. I understand that MCAS will house my pet(s) for a maximum of fourteen (14) days from today's date. I further understand that on or before the end of the fourteen-day holding period, my pet(s) will be released only to me or to my authorized designee. If I do not reclaim my pet(s) on or before _____, they will become the property of MCAS. I further understand that if I am unable to reclaim my pet(s) within this time period, I may request an extension from MCAS. Approval of all extensions will be made on a case-by-case basis*.
6. I understand that MCAS reserves the right to refuse to maintain/keep my pet(s) if I fail to abide by the program requirements and/or if the animal is deemed to be unsafe to handle.
7. I hereby release the MCAS, its employees, agents, or other authorized personnel acting on its behalf from any and all liability, claims, demands, or causes of actions, of any kind or nature, for any action taken by the MCAS in connection with this animal(s). I hereby agree to hold the MCAS harmless and indemnify it against any claims, causes of action or demands arising out of the giving of false information, or withholding of information by my agent or me.

Owner Signature/Verbal Approval (witness signature)

Date

*Extension requested by Owner on _____. Reviewed by: _____

[] Approved until date _____ [] Denied due to _____



Multnomah County Animal Services Pets in Crisis Referral/Agreement Form

Referral Contact Information:

Referring Person:	Date:
Agency / Job Title:	
Email:	Phone:

Pet Owner Information:

Owner Name:	Owner Address:
Phone Number safe to use:	Is it safe to leave a message? Y <input type="checkbox"/> N <input type="checkbox"/>
Email Address:	Primary Language
Authorized Designee Name:	Phone Number & Email Address:
Current Location of Owner:	Is there a Signed Consent to Release Information (if applicable) Y <input type="checkbox"/> N <input type="checkbox"/>

Pet Information:

Name:	Species/Breed:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Altered: Y <input type="checkbox"/> N <input type="checkbox"/>
Is this animal listed in a protective order? Y <input type="checkbox"/> N <input type="checkbox"/>	Weight: <input type="text"/>
Copy of Protective Order Attached Y <input type="checkbox"/> N <input type="checkbox"/>	DOB: <input type="text"/>
Has this animal been the victim of neglect or abuse? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please fill out Animal Complaint Form	Veterinary Records Provided Y <input type="checkbox"/> N <input type="checkbox"/>
	Is this animal currently taking medication? Y <input type="checkbox"/> N <input type="checkbox"/> Please list: <input type="text"/>

Pet Information:

Name:	Species/Breed:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Altered: Y <input type="checkbox"/> N <input type="checkbox"/>
Is this animal listed in a protective order? Y <input type="checkbox"/> N <input type="checkbox"/>	Weight: <input type="text"/>
Has this animal been the victim of neglect or abuse? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please fill out Animal Complaint Form	DOB: <input type="text"/>
	Veterinary Records Provided Y <input type="checkbox"/> N <input type="checkbox"/>
	Is this animal currently taking medication? Y <input type="checkbox"/> N <input type="checkbox"/> Please list: <input type="text"/>

I request my personal information be kept confidential Y N

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