



TAILS OUT PROGRAM AGREEMENT

Thank you for giving a shelter dog an opportunity for enrichment and adventure. We take your commitment seriously and will do whatever we can to make the experience a positive one for both you and the animal.

This contract serves to outline our policies and procedures and our role as the responsible organization. It also serves to protect the best interests of the animal. Please read, initial and sign this agreement. It will be kept on file for as long as you wish to participate in the TAILS OUT Program.

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I understand that HT has briefed me, to the best of its ability, about the temperament, habits and behavior of the animal I have agreed to take for a TAILS OUT activity. I recognize, however, that animal behavior can change in a new environment and thus, I will not hold Homeward Trails liable for any change in behavior, temperament or habit that may result in bodily harm to myself or harm to my property. I am aware that the Homeward Trails liability insurance policy does not cover bodily harm to volunteers or property damage to volunteers' properties. _____ (initial)

I will, at no time, place the animal under the care of another individual unless it is cleared with Homeward Trails. An adult (18 years of age or older) will be responsible for and in control of the dog at all times _____ (initial)

I will use the equipment I have been provided including leashes, collars, martingale collars, harnesses and crates. I understand that this equipment has been provided for the safety of the animal. A Homeward Trails staff member will outfit the dog with the proper equipment and demonstrate its use _____ (initial)

I will be attentive and not use my cell phone while walking the dog _____ (initial)

If I am taking the animal home overnight, I have been encouraged to use the crate I have been given to confine the dog when I am asleep and/or not at home. I understand that Homeward Trails cannot predict a dog's behavior when left unattended. I understand that the dog may go to the bathroom in my house, chew my furniture and/or exhibit destructive behavior out of fear, boredom or anxiety. I understand that crating the dog when unattended serves to protect my belongings and the dog's safety. I can be held responsible for emergency medical costs if the animal should become sick or injured as a result of being left uncrated. _____ (initial)
I understand that Homeward Trails is **not** responsible for damage done to my house or belongings if I leave the dog unattended and uncrated. _____ (initial)

I will not take the animal to a dog park or allow the animal off leash outdoors. I can, however, have the dog off leash in a yard which I confirm to be completely secured, and which is enclosed with a fence that is at least 6 feet tall. _____ (initial)

I have been provided with poop bags and will clean up after the dog at all times. _____ (initial)

I have been given specific information regarding safe handling of the dog, which may include limitations on meeting other dogs, other people, or children. I will adhere strictly to the instructions given to me to avoid injury to the dog, other animals, and people. _____ (initial)

I will contact Homeward Trails immediately if I believe the animal needs medical attention so that an appointment can be made with a participating Homeward Trails vet. I **will not** take the animal to my own vet or another vet without first contacting a Homeward Trails representative. I understand that vets are expensive and to do so would force Homeward Trails to incur costs greater than if the animal went to one of their participating vets. If I wish to take the animal to my own vet, I **will be responsible** for all charges. _____ (initial)

I will contact Homeward Trails immediately if the animal shows signs of aggression. _____ (initial)

I will contact Homeward Trails **immediately** if the animal should get lost _____ (initial)

I attest that I have never been charged with animal cruelty or neglect. I also attest that no one in my household has been charged with the above. _____ (initial)

TAILS OUT Participant (signature)

Date

Homeward Trails Rep. (PRINT)

Please provide/**print** the following info:

Name: _____

Address: _____

City/State/Zip: _____

Phone (day and night): _____

Cell: _____

E-mail: _____



P.O. Box 100968, Arlington, VA 22210
www.homewardtrails.org