





Kindred Souls Foundation
Animal Companion Care Contract

The animal companion placed in my care under the Senior Companions Program remains a Kindred Souls Foundation animal and I am not the owner. I am the caregiver. By initialing and signing this Animal Companion Care Contract through Kindred Souls Foundation, I am agreeing to the following:


_____  Should my animal companion escape from my care, I will contact Kindred Souls Foundation immediately at (253) 226-3135 and email them (if possible) at info@kindredsoulsfoundation.org


_____  I understand that all non-emergency medical services for my animal companion will be made through Kindred Souls Foundation. In the case of an emergency, I agree to contact Kindred Souls Foundation immediately and will take the animal to Chambers Creek Vet Hospital in Lakewood, WA or the closest vet hospital to ensure the animal receives timely medical attention. I will cover the medical costs at the time, if needed, and Kindred Souls Foundation will reimburse me.

_____  I will not administer any medications to my animal companion without consent from Kindred Souls Foundation, or in the case of an emergency, a licensed veterinarian.


_____  I will keep my animal companion indoor-only with the exception of walking a dog on leash or supervising a dog in a fully fenced yard.

_____  I will not de-claw, crop ears, dock tails, or surgically alter my animal companion.

_____  I will alert Kindred Souls Foundation if I am going to be away from my home for more than 24 hours so that they can find accommodations for my animal companion. I will not make arrangements for my animal companion to be out of my care without authorization from KSF.


_____  I will not take my animal companion beyond a 50-mile radius of my home without prior written consent from Kindred Souls Foundation.

_____  I will not expose my animal companion to any potentially dangerous situation.

_____  I will feed my animal companion only the food provided by Kindred Souls Foundation.

_____  I will not change my animal companion's name. Name _____

_____  I will return my animal companion at anytime to Kindred Souls Foundation at their request.

_____  Should I be unable to continue to care for my animal companion at any time, I agree to contact Kindred Souls Foundation who will welcome him/her back with open arms.

Printed Name

Signature

Date

Printed Name (co-applicant)

Signature

Date