**HOLD HARMLESS AGREEMENT FOR TEMPORARY CARE**

Partnership for Animal Welfare, Inc.
P.O. Box 1074, Greenbelt, MD 20768
www.paw-rescue.org
Voicemail 301-572-4729

Note: This form is for use ONLY by a person (e.g. friend, neighbor, relative, pet sitter etc.) who is not a PAW volunteer and who is only temporarily caring for a PAW animal.

I will not hold Partnership for Animal Welfare, Inc. ("PAW"), its officers or its volunteers liable for any bodily injury, illnesses, or other losses to me, my family, my friends, other persons or other animals, or property damage caused by the actions, behavior, or health of the PAW animals, or arising out of my temporary care for the animal, except if such damage, losses, or injuries are caused by PAW's gross negligence or intentional misconduct.

I am not liable to the PAW organization, officers, and volunteers for any injuries to, illnesses, or disappearance of PAW animals arising out of my temporary care, except if such injuries, illness or disappearance are caused by or arise out of my gross negligence or intentional misconduct.

I will provide the animal(s) with responsible care, including but not limited to food, water, shelter, and will administer medication when required.

I am not permitted to have a person outside the PAW organization temporarily care for PAW animals.

In the event of a medical situation, I will immediately contact PAW dog or cat coordinator, dog-coordinator@paw-rescue.org (dogs only) or cat-coordinator@paw-rescue.org (cats only). In the event of a true medical emergency, I will take the animal to an emergency animal clinic.

The animal(s) shall remain the sole property of the Partnership for Animal Welfare, Inc. and I will return fostered animal(s) upon request or if I am no longer able to adequately care for them.

Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon PAW, PAW's representatives, me, and my respective heirs, successors, assigns, executors, and personal representatives.

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| --- | --- |
| Signature  | Date  |
| Printed Name  |
| Address  |
| City, State & Zip  |
| Home Phone (\_\_\_\_)  | Work Phone (\_\_\_\_)  |
| Email  |
| PAW Representative Signature  | Date  |
| PAW Representative Printed Name  |

After this form has been completed and signed, please RETURN it to a PAW Dog or Cat Coordinator.