



Washoe County Regional Animal Services
2825 Longley Ln, Suite A, Reno, NV 89502
Office Phone: (775) 353-8900, Dispatch Phone: (775) 322-3647
FAX: (775)353-8919, <http://www.washoeanimals.com>

Emergency Safehold Waiver

OWNER/AUTHORIZED AGENT INFORMATION

Animal Owner Name _____ Phone _____
Address _____
(Please list anyone who you designate as an alternate to take possession of or make decisions regarding your animal on your behalf.)
Authorized Agent Name _____ Phone _____
Address _____

ANIMAL INFORMATION (Please use one form for each animal)

Animal Name _____ Animal Species (Dog, cat) _____ Breed _____
Gender (Please check one) Male <input type="checkbox"/> Female <input type="checkbox"/> (Please check one if applicable) Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
List all medical or behavioral conditions/concerns: _____
Is this animal under veterinary care? (Please check one) Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of your primary veterinarian: _____
Please list any medications animal is currently taking: _____
HAS THIS ANIMAL BITTEN ANYONE IN THE LAST TEN DAYS? (Please check one) YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>

I, _____, am the legal owner or authorized agent of the owner and I authorize the following for the above-described animal:
(Please print name)

Please initial:

_____ I give permission to Washoe County Regional Animal Services (WCRAS) to provide an emergency safehold for my animal. I have disclosed all medical conditions and provided any medications to WCRAS staff. I understand that WCRAS is not a veterinary clinic or boarding facility and will only be providing temporary housing for my animal.

_____ I give WCRAS permission to speak with the veterinarian named above regarding any medical conditions of the animal.

_____ I hereby agree to hold harmless and indemnify WCRAS and Washoe County against any claim resulting from the care of or death of the animal listed, during and following the safehold.

_____ I authorize WCRAS to take any action WCRAS deems appropriate in the interest of the animal and I understand that I am responsible for any veterinary costs associated with the care of the animal.

_____ If my pet is not current on core vaccinations, or if I cannot provide proof of vaccination, I give permission to WCRAS, its employees and contract veterinarian to administer recommended vaccines to my animal. I understand that my pet may experience a reaction to vaccines, although this is very rare.

_____ I understand that WCRAS is providing temporary housing and core vaccinations (if applicable) to my animal, and that I am obligated to pay for services prior to re-claiming my animal (Daily boarding fees are \$9 /dog, \$4 /cat or small animal, \$10/bite quarantine and \$11 /livestock. Vaccinations and dog license fees may apply).

_____ I understand that the safehold is a temporary service provided by WCRAS, and that if the animal is not re-claimed by _____, the animal may become the property of WCRAS and may be released to a rescue group or other disposition as WCRAS deems necessary and appropriate.

If applicable, please initial:

_____ I give permission to WCRAS to pick up my animal, described above, and I have provided WCRAS access to enter my property or vehicle at _____.

_____ If property is a vehicle: Make _____ Model _____ Year _____ Color _____

Owner/Authorized Agent Signature: _____ **Date:** _____

STAFF ONLY

Activity #: A _____ Person ID: P _____ Animal ID: A _____
Microchip/License # _____ Comments _____
Received by _____ Date _____