



ANIMAL ID #

# TRIAL PERIOD PET CONTRACT

## Terms and Conditions:

- I understand that the trial animal(s) will at all times remain the sole property of CAWS.
- I agree to provide the animal(s) good loving care, including at a minimum: adequate feed, adequate water, adequate shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species and weight, adequate exercise and veterinary care when needed to prevent suffering or disease transmission. I agree to notify CAWS if medical attention is required and, if approved, I agree to use a CAWS approved veterinarian.
- I understand that medicines and other supplies provided by CAWS are for use of the Trial Period Pet care only, and are not to be administered to animals that are not the property of CAWS. I understand that all equipment provided by CAWS is the property of CAWS and is to be returned if the Trial Period Pet Contract is terminated by either party.
- I understand and acknowledge that I do not have any right or authority to keep, adopt, transfer or place Trial Period animals in other homes or with other individuals.
- I agree that every Trial Period animal in my care must be physically returned to CAWS at any time upon the request of CAWS. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
- I agree to provide CAWS with necessary information to enhance the care that I am providing to the Trial Period animal(s).
- I agree to hold CAWS harmless from any direct or consequential damages arising out of this Trial Period Pet Contract including bodily injuries such as scratches and bites.
- I acknowledge that CAWS may terminate this or any other Trial Period Pet Contract at any time for any reason.
- I certify that no person residing in the household has ever been convicted of animal cruelty, neglect or abandonment.

## Trial Period Pet Location:

Name:	Drivers License Number:	Date of Birth:	Phone:
Physical Address:			
Mailing Address: (if Different)			
Email Address:			

**Signature of Trial Period Pet Provider**

**Printed Name of Trial Period Pet Provider**

**Date**

**I have inspected and approved this Trial Period Pet home:**

**Signature of CAWS Representative**

**Printed Name of CAWS Representative**

**Date**