



## ***CT SafePet***

*"Safe Havens in Times of Need"*

### ***Referral Guidelines & Resources***

**Issued June 2009**

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# WELCOME TO THE CT SAFE PET PROGRAM

## BRIEF OVERVIEW

*"Providing Safe Havens in Times of Need"*

CT SafePet provides animal respite care for those without means to safeguard their pets in times of crisis. Offering comprehensive veterinary and foster home care for up to 60 days, SafePet enables pet owners to reside in emergency shelters, enter residential treatment settings, or receive extended care in facilities where they are unable to care for their animals.

In response to the needs of some of Connecticut's most vulnerable residents, SafePet assures confidential and highly personalized standards of care. Our network of licensed veterinarians, emergency personnel, trained foster caregivers and frontline staff review and prioritize each applicant's needs and coordinate services accordingly. For the duration of the service agreement, we advocate for the best possible outcome for every animal in our custody.

Each request for services presents a unique set of circumstances. We accept applications on a case-by-case basis and assure a timely response. **Eligibility requirements include enrollment or active participation in programs or services provided by a referring agent, and compliance with court orders and/or treatment plans in effect at the time SafePet services are rendered.** Requests for services submitted by individuals without a referring agent cannot be accepted.

### Referring agents can include:

- ✓ Victim advocates & judicial personnel
- ✓ Law enforcement & animal control officers
- ✓ Youth & family service organizations
- ✓ Women's, children's & elderly protective service agencies
- ✓ Veterinarians & vet techs
- ✓ Domestic violence & sexual assault crisis service providers
- ✓ Residential treatment providers
- ✓ VNAs & other health agency personnel

Created and managed by Our Companions Domestic Animal Sanctuary, CT SafePet is the first program of its kind to be offered to Connecticut's residents in need. We encourage and welcome community support for this groundbreaking initiative.

*Without the generosity of our dedicated foster care volunteers and veterinary professionals, our SafePet services would not be possible. Please consider making a tax-deductible donation, sponsoring an animal in need, or volunteering to become an animal foster caregiver. Thank you!*

### For more information, please contact:

Annie Chittenden, CT SafePet Program Manager

Office: 860-242-9999 ext. 322

Mobile: 203-640-4749

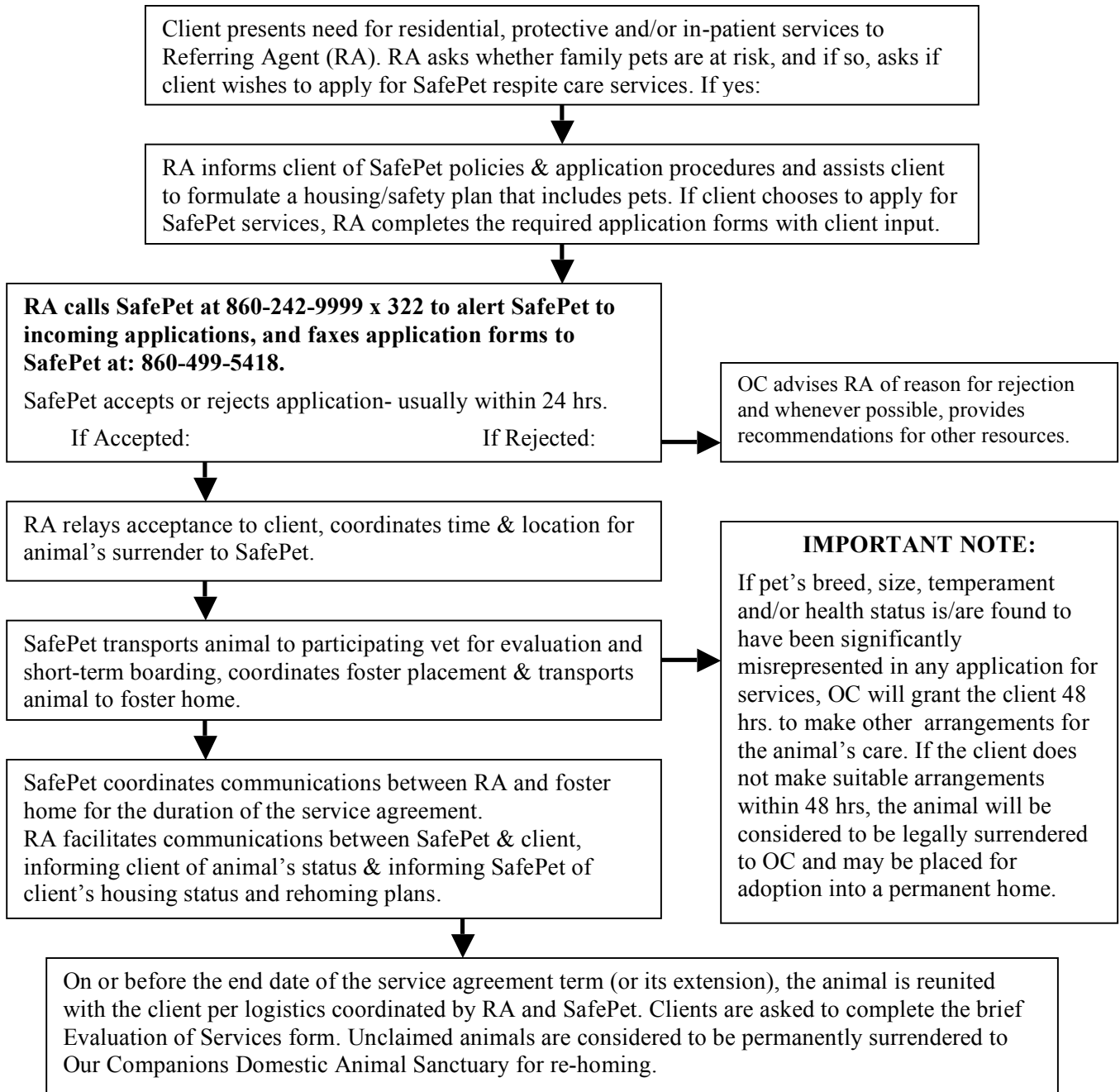
Fax: 860-499-5418

Email: [SafePet@ourcompanions.org](mailto:SafePet@ourcompanions.org)



**RA = Referring Agent/Caseworker**  
**OC = Our Companions Animal Sanctuary**

## CT SafePet Program Sequence of Events Flow Chart





## CT SAFE PET PROGRAM

### Making Referrals: How to Help Your Client Apply for Services

Our Companions makes every effort to provide the highest possible standards of care for every animal we take into custody. The care and placement of each animal is at the sole discretion of Our Companions Domestic Animal Sanctuary, Inc. To understand the inherent risks and benefits of providing pet welfare services, we ask referring agents to become familiar with the CT SafePet program's philosophy, and the policies and procedures provided by this manual before submitting client applications for services.

Each request for services presents a unique set of circumstances. We consider each application on a case-by-case basis, and agree to provide SafePet services on the following terms:

1. **Eligible applicants are those individuals actively enrolled in programs, or receiving care or services provided by the referring agent at the time of application. They are expected to remain compliant with court orders, residential agreements and treatment plans for the duration of the SafePet service agreement.** Individuals requesting SafePet services without a referring agent are not eligible.
2. **Only family animals are accepted into the SafePet program.** This includes dogs, cats, "pocket pets" with appropriate housing containers. On occasion, we also have openings for horses and livestock. **Eligible pet(s) must be safe for human handling and pose minimal threat to other animals.**
3. Dogs and cats **preliminarily** accepted for SafePet services receive a thorough veterinary and behavioral evaluation before full acceptance for foster care. If accepted for fostering, they are then placed in a foster home with a trained foster volunteer. **Final acceptance into the program is on a first-come, first-served basis and is dependant upon the availability of foster homes, the animal's health status and other factors that may not become evident until the animal is placed in our care.** *(Please see 6-F below.)*
4. **Confidentiality:** Referring agents must have a Confidentiality Agreement on file with Our Companions in order to submit applications. If a Confidentiality Agreement is not already in place, one may be signed and faxed to us by the referring agent at the time of the request for services.

5. To assure confidentiality and safety, **no information about the animal's foster care or placement is provided to the client at any time. Clients are not permitted to contact OC staff or foster caregivers directly.** We encourage clients to submit applications, follow their animal's progress and communicate with SafePet personnel through their referring agent. Any and all questions or concerns the client may have regarding an animal's well-being are directed to OC through the referring agent. OC confers with the referring agent on a weekly basis, by phone.
6. **Referring agents guide clients through the application process by completing the following steps:**
- A. Review the SafePet program's policies and procedures with your client.
  - B. Assist the client to complete the necessary application forms. These include:
    - 1. The Consent and Release Agreement
    - 2. The appropriate Animal Profile Form(s) – 1 per animal, and
    - 3. The Consent to Obtain Veterinary Records and Spay/Neuter Agreement

**Please Note: All of these documents must be received by OC before the application can be reviewed.** The information provided by the client in these vital documents enables us to make a preliminary determination of the animal's potential for foster care, determine the most appropriate veterinary facility and confirm availability and intake schedules. It also allows us to arrange for the transfer of veterinary records, coordinate animal pick-up and transportation, and determine the best care environment for the animal(s) from among the available foster homes at the time of application.

- C. Ask your client to identify a SAFE LOCATION where we may pick up the pet. This might be a police station, emergency room or even a safe space within your administrative offices. Please advise your client to bring their pet's collar, leash and crate whenever possible.
- D. **Please advise your client to provide any medications the animal is taking, and furnish proof of pet ownership and whenever possible.** Copies of veterinary records or bills, or town licensing certificates in the client's name are considered sufficient documents. If the client is unable to furnish proof of ownership, s/he may attest to legal ownership by signing our Consent & Release Agreement.
- E. If not previously altered, **all dogs and cats accepted in our care will be spayed or neutered** to prevent overpopulation and protect resident pets in the foster home. They will also be micro-chipped for purposes of identification. Our spay/neuter policy prevents fostered animals from breeding with other animals in the foster home. Micro-chipping facilitates an animal's safe return, should it become lost. When applicable, **inform the client of the SafePet requirement to spay/neuter and micro-chip each dog and cat upon entering foster care.** If the client cannot afford these services, they will be provided free of charge.

- F. **As soon as your client has completed the application forms, please call the OC office a.s.a.p. at 860-242-9999 ext. 322 (24-hr voice mail) to notify us of incoming requests for services.** This ensures the fastest possible review and response to the application. **Then fax the client's application forms to us at: 860-499-5418** for review and determination of preliminary acceptance into the program. We review applications during business hours (Monday-Friday, 9:00 a.m. to 5:00 p.m.) and respond to each application as quickly as possible—within 24 hours on weekdays.
- G. **If at any time a client's animal is found to be unsuitable for fostering, or representations made by the client about the animal's breed, temperament, size or physical condition are found to be substantially inaccurate, OC may ask the referring agent to notify the client that other arrangements for the animal must be made within 48 hours. If the owner does not make suitable arrangements, or makes arrangements that pose substantial risk of harm to the animal, the animal will be considered to be permanently surrendered to OC for re-homing.**
- H. Referring agents work with OC to coordinate the transport of the client's animal to a participating veterinary facility where it receives a medical assessment and short-term care. If the owner cannot afford veterinary care, OC will pay for these expenses. **Clients receiving protective services will not be informed of the location of their animal's new veterinarian or foster care provider for purposes of safety and confidentiality.**
- I. OC will arrange for the transfer of veterinary records, veterinary evaluation and short-term boarding, and transports the animal to a SafePet vet. Both the original and new vet are reminded of potential safety issues and the need for confidentiality. Our participating veterinary facilities maintain active confidentiality agreements with OC.
- J. **Animals are not picked up at a client's home unless the animal and its owner are reported to be in immediate danger and assistance from an ACO and/or other law enforcement can be arranged.** It is otherwise the responsibility of the client to bring the animal to a mutually agreeable location for receiving and transport to vet by OC staff. To assure safety, the logistics for the animal's intake and transport to the veterinary facility are arranged on a case-by-case basis. This might include:
- i. Asking your client to bring the pet to your administrative office, hospital ER, local police station, or other facility for a brief period; or
  - ii. Asking your client if the animal can be placed for a few hours with a friend, relative, local animal shelter or boarding kennel; or
  - iii. Asking us to contact the appropriate Animal Control Officer (ACO) for assistance with transporting the animal(s) to one of our veterinary clinics.

7. Following a veterinary evaluation and short-term care, SafePet animals are matched with the most appropriate foster homes available and transported from the vet to the foster home where they reside as a family member for the remainder of the service agreement. For purposes of safety and confidentiality, our **foster caregivers receive no identifying information about the animal's owner or his/her location**. Foster parents are given only enough information to prepare them for any significant health and/or behavioral issues they may need to be aware of to meet the animal's specific needs.
8. The service agreement period is for a maximum of 60 days. Extensions may be granted upon written request from the referring agent, however clients must be informed that we cannot grant every request for extended care due to limited availability of foster homes.
9. At any time and for any reason within the time period of the service agreement, the **referring agent may submit a written request for the return of any pet(s)** on behalf of their client. Pets are returned to the owner as soon as transportation can be arranged- usually within 24 – 48 hours if the referring agent has been providing us with timely updates on their client's plans for re-homing. **PLEASE NOTE: As stated in the Consent and Release Agreement, PETS MAY NOT BE RETURNED TO CLIENTS THAT CHOOSE TO RETURN TO AN IDENTIFIED ABUSER**, and may instead be placed for adoption into safe, permanent homes at OC's sole discretion. *This policy is intended to enhance incentives for victims of domestic violence/abuse to choose non-violent lifestyles, and protects animals from unwarranted trauma, violence, homelessness and/or untimely death.*
10. OC is responsible for assessing each pet's readiness to be returned to its owner. Pet/owner reunification is based upon the animal's physical and behavioral status, and is dependent upon the client's ability to provide a safe home for the animal. Arrangements for returning pets to their owners are agreed upon by OC and the referring agent on a case-by-case basis. **It is our utmost priority to reunite your client with a happy and healthy pet in a safe environment, in the least amount of time necessary to accommodate both the client's and animal's needs.**

**Final Note:** Our staff is always available to provide in-service training for referring agents in an effort to facilitate our application processes and answer any questions about SafePet services.

***On behalf of those we serve, thank you for  
helping us protect those who cannot speak for themselves!***



## **CT SafePet Client Screening & Safety Planning Guidelines for Referring Agents**

To determine whether your client would benefit from CT SafePet services, it is important to ask a few simple questions and provide your client with the following safety planning guidelines before applying for acceptance into the program:

1. **If your client is in need of residential treatment or emergency shelter, and/or is in an abusive or violent relationship, ask if s/he has any pets.**
2. **If yes**, ask whether the pet's health, safety and/or well-being will be at risk if your client were to leave them at home. **Specifically, ask whether anyone who would be responsible for the animal has ever harmed or threatened to harm animal(s).**
3. **If yes**, advise your client that CT statutes allow pets to be included in a protective order. **Recommend that your client obtain a restraining order that includes their pet(s).**
4. **Ask your client if any friends or relatives can care for their pet. CT SafePet resources are very limited and intended only to be used as a last resort.**
5. **Before s/he leaves home**, advise your client to locate copies of recent vet records, pet licenses, rabies and/or other certificates as proof of legal and responsible pet ownership. These documents will help to assure that the pets we accept will receive appropriate medical and preventive care without duplicating medications or inoculations they may have already received.
6. **Before s/he leaves home**, please ask your client to make a list of all the pet's prescription medications and preventive treatments (such as Heartworm and Lyme disease preventatives, dietary supplements, etc.) including dosage information. Ask her/him to bring this list and the animal's medications when transporting the animal to a safe location.
7. Whenever possible, please ask your client to bring their pet's crate(s), bedding, toys and/or special treats their pet enjoys so the animal will have familiar items and foods they are accustomed to while adjusting to their new foster home.
8. **Please help your client to complete all three application forms.** These are the CT SafePet:
  - a. Canine, Feline and/or "Other" Animal Profile Form (one per animal);
  - b. Permission to Obtain Vet Records and Spay/Neuter Agreement; and
  - c. Client Consent and Release Agreement.
9. **Call us at 860-242-9999 ext. 322 to alert us to incoming applications.**  
**Fax your client's completed application to: 860-499-5418.**

**Please Note: Applications submitted by individuals without a referring agent cannot be accepted.** *Incomplete applications will not be reviewed until each of the necessary forms is completed and received by Our Companions. Services are offered on a first-come, first-served basis. Acceptance into the program is at the sole discretion of Our Companions on a case-by-case basis.*



**For CT SAFE PET Staff use only:**

Case #: \_\_\_\_\_ Date \_\_\_\_\_

Referring Agency:

\_\_\_\_\_  
Caseworker/Contact info.

\_\_\_\_\_

\_\_\_\_\_

## CT SAFE PET PROGRAM OWNER CONSENT AND RELEASE AGREEMENT

I, \_\_\_\_\_, as the owner of the animal(s) described below, hereby surrender and release my animal(s) to Our Companions Domestic Animal Sanctuary (OC) for shelter and care beginning on \_\_\_\_\_. This agreement is set for a maximum of 60 days and will expire on \_\_\_\_\_. I understand that I may have the opportunity to request a written extension of this agreement, but acknowledge that OC may not be able to accommodate my request. By initialing each item below, I acknowledge that I understand and agree to the following:

1. \_\_\_\_\_ OC will provide a SafePet ID tag, daily food, water, exercise, socialization, veterinary and preventive medical care for my animal(s) free of charge for the duration of this agreement. All dogs and cats entering the program must be altered and up to date on vaccinations. If my animal(s) has not been previously neutered or micro-chipped, and/or I am unable to provide proof of veterinarian care and/or vaccinations, I understand that OC will provide these services free of charge.
2. \_\_\_\_\_ I understand that OC will care for the animals in a manner that is consistent with its customary procedures for similar animals, but that there are inherent risks and dangers when dealing with any animal, including but not limited to changes in the animal's behavior or weight, contraction of disease, loss, or death of the animal. Accordingly, I hereby absolutely and unconditionally release and discharge OC, including its employees, volunteers and partnering organizations from and against any and all claims, obligations and liabilities of any kind whatsoever relating to, or arising from, the care of my animal(s). In addition, if my animal bites, scratches or otherwise injures any human or other animal, I will hold harmless and indemnify, and protect OC from any claim or suit filed by anyone as a result of such an incident.
3. \_\_\_\_\_ I understand that OC will keep my identification and all personal information confidential, and will maintain confidentiality agreements with referring and partnering professionals and volunteers.
4. \_\_\_\_\_ I understand that for purposes of safety, I will not be allowed to visit with my animal(s) within the timeframe of this agreement, but will receive weekly updates from my referring agent regarding my animal's health and well being. I further understand that my caseworker will communicate with OC on a weekly basis to provide updates on my housing situation and my ability to re-home my animal(s) in a safe environment.
5. \_\_\_\_\_ I understand that OC reserves the right to provide care at a licensed veterinary or kennel facility without my approval if it is deemed in the best interest of the animal. I further understand that OC reserves the right to euthanize any

animal in its care should a licensed veterinarian deem the animal's health to be so impaired that to sustain the animal's life would be inhumane.

6. \_\_\_\_\_ I understand and agree that my animal(s) may be temporarily placed in the care of a licensed kennel operator, grooming professional and/or trained pet care volunteer. I will not hold any such caregiver liable for any illness, injury, loss or death of my animal(s).
7. \_\_\_\_\_ Pursuant to CT statutes (Sec. 53-247), animal abuse is a felony punishable by fine of up to \$5,000 and/or imprisonment of up to five years, or both. If upon examination, it appears that my animal(s) has been the target of abuse, I understand that OC will document any and all signs of abuse and may file a report with appropriate law enforcement officials. I further understand that by law, OC may be required to participate in any and all legal proceedings pertaining to my animal's welfare. I agree to allow OC to advocate on behalf of my animal in any and all legal proceedings for the sole purpose of protecting my animal from further harm.
8. \_\_\_\_\_ I understand that if my pet's breed, size, temperament and/or health status is/are found to have been significantly misrepresented in my application for services, I will have 72 hours to make other arrangements for my pet's safe care. If I do not make adequate arrangements within 72 hours, OC will consider my pet(s) to be legally surrendered to OC and may place my pet(s) for adoption into a safe permanent home.
9. \_\_\_\_\_ I understand and agree that if I do not reclaim my animal(s) and/or I am unable to provide a safe home (free from abuse, neglect and where all the animals physical and medical needs will be met) for my animal(s) on or before the end date or written extension date of this agreement, I will be deemed to have surrendered all my interest and ownership rights of my animal(s), and OC may take any and all necessary actions to procure a safe permanent home for the animal(s), with or without my consent.

**By signing below, I acknowledge that I am signing this agreement of my own free will, having fully read and understood its contents.**

\_\_\_\_\_  
Owner's Name (print)

\_\_\_\_\_  
Our Companions staff (print)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Our Companions staff signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Animal Information:** (Please attach a separate sheet for additional animals.)

**Animal 1:**

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Sex:  Male  Female Spayed/Neutered:  YES  NO

Veterinary Records Attached:  YES  NO Permission to Obtain Veterinary Records:  YES  NO

This animal is currently named in a restraining order:  YES  NO Effective date of order: \_\_\_\_\_



**CT SAFE PET PROGRAM**

**PERMISSION TO OBTAIN VETERINARY RECORDS  
AND  
SPAY/NEUTER AGREEMENT**

***THIS AGREEMENT MUST BE SIGNED BY THE CLIENT AND  
FAXED TO OUR COMPANIONS AT: 860-499-5418  
PLEASE PRINT ALL INFORMATION CLEARLY***

As the legal owner of the animal(s) named below, by signing this form I, \_\_\_\_\_ give Our Companions Domestic Animal Sanctuary permission to access the veterinary records of the animal(s) listed below for the purpose of assisting with the animal's care and foster placement. I also give Our Companions permission to spay/neuter the following dog(s) and/or cat(s) if they have not previously altered, and understand that all dog(s) and cat(s) must be altered prior to being placed in a foster home:

Veterinarian's Name \_\_\_\_\_

Veterinarian's Town \_\_\_\_\_ Street Address \_\_\_\_\_

Veterinarian's Phone (\_\_\_\_) \_\_\_\_\_

_____				Y / N
Animal's Name	Breed	Sex	Age	Altered?

_____				Y / N
Animal's Name	Breed	Sex	Age	Altered?

_____				Y / N
Animal's Name	Breed	Sex	Age	Altered?

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Referring Agent's Signature*

\_\_\_\_\_  
*Date*



**For CT SAFE PET Staff use only:**

Case #: \_\_\_\_\_ Date \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CT SAFE PET PROGRAM**

**CANINE PROFILE**

*PAGE 1 OF 2*

**COMPLETE ONE FORM FOR EACH ELIGIBLE DOG.**

***PLEASE PRINT ALL INFORMATION CLEARLY***

Instructions for the referring agent:

1. Please assist your client to provide the following information to the best of her/his ability.
2. Fax to Our Companions Domestic Animal Sanctuary at: **860-499-5418** and include the signed and dated "Consent & Release Agreement" and "Permission to Obtain Vet Records and Spay/Neuter Agreement" and other pet profile forms.
3. All information must be kept confidential.

Dog's Name \_\_\_\_\_ Intake Date \_\_\_\_\_

(Please circle) Sex: Male Female Spayed/Neutered: Yes No

Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Microchip/ID Tag Yes No

This dog's veterinarian is: \_\_\_\_\_

Address or Town in which veterinarian is located: \_\_\_\_\_

Date of most recent vaccinations: Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_  
Bordatella \_\_\_\_\_ Heartworm Test (negative/positive) \_\_\_\_\_

What other medications is your dog currently taking/dosage 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

Is your dog taking heartworm preventative? Yes No If Yes, date last given: \_\_\_\_\_

How does your dog behave at the vet? \_\_\_\_\_

How does your dog behave at the groomer? \_\_\_\_\_

How much and what brand of food does your dog eat? \_\_\_\_\_

Feeding schedule? AM only PM only AM & PM

How often does your dog go out for exercise? \_\_\_\_\_

Bathroom/elimination schedule? \_\_\_\_\_

Is your dog housebroken? Yes No Is your dog crate trained? Yes No

Where does your dog like to sleep? \_\_\_\_\_

Any toys/activities your dog particularly enjoys? \_\_\_\_\_

My dog is afraid of (e.g. stairs, loud noises, raised hands, people, etc.) \_\_\_\_\_

When my dog is afraid, s/he will \_\_\_\_\_

Has your dog ever snapped/bitten anyone? If yes, please explain. \_\_\_\_\_

Is your dog destructive in the house? \_\_\_\_\_

How do you discipline your dog? \_\_\_\_\_

Is there any part of your dog's body that s/he does not like to have touched? \_\_\_\_\_

My dog knows the following commands: \_\_\_\_\_

How does your dog respond to:

Men? \_\_\_\_\_ Women? \_\_\_\_\_

Children? \_\_\_\_\_ Strangers? \_\_\_\_\_

Cats? \_\_\_\_\_ Other dogs? \_\_\_\_\_

Any special instructions? (Grooming, collars, treats, etc.) \_\_\_\_\_

Is there anything else you would like us to know about your dog? (Please attach separate sheet if necessary)



<b>For CT SAFE PET Staff use only:</b>	
Case #:	_____ Date _____
Referring Agency:	_____
Contact Name:	_____
Phone:	_____
Email:	_____

**CT SAFE PET PROGRAM**

**FELINE PROFILE**  
*PAGE 1 OF 2*

**COMPLETE ONE FORM FOR EACH ELIGIBLE CAT.**

***PLEASE PRINT ALL INFORMATION CLEARLY***

Instructions for the referring agent:

1. Please assist your client to provide the following information to the best of her/his ability.
2. Fax to Our Companions Domestic Animal Sanctuary at: **860-499-5418**, and include the signed and dated "Consent & Release Agreement" and "Permission to Obtain Vet Records and Spay/Neuter Agreement" and other pet profile forms.
3. All information must be kept confidential.

Cat's Name \_\_\_\_\_ Date \_\_\_\_\_

Please circle one- Sex: Male Female Spayed/Neutered: Yes No

Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

Age \_\_\_\_\_ Size (lbs.) \_\_\_\_\_ Declawed? Yes No

Date of most recent shots: Rabies \_\_\_\_\_ FRVCP \_\_\_\_\_ FELV \_\_\_\_\_

Does your cat go outside? \_\_\_\_\_ (SafePet cats are always kept indoors.)

Litterbox trained? Yes No

Where is your litterbox located? \_\_\_\_\_

What kind of litterbox do you use? Deep Shallow Hooded

What kind of litter do you use?                      Clay    Clumping

What does your cat eat? \_\_\_\_\_

How much does your cat eat? \_\_\_\_\_

When and where does your cat eat? \_\_\_\_\_

What medications, if any, is your cat on? (*Please include dosage information.*) \_\_\_\_\_

Where does your cat like to sleep? \_\_\_\_\_

Any toys/activities your cat particularly likes? \_\_\_\_\_

Does your cat claw things? (furniture, walls, clothing, bedding, etc.)? \_\_\_\_\_

How do you discipline your cat? \_\_\_\_\_

Any other behavior problems? \_\_\_\_\_

Is there any part of your cat's body that s/he does not like to be touched?

How does your cat respond to:

Men? \_\_\_\_\_

Women? \_\_\_\_\_

Children? \_\_\_\_\_

Strangers? \_\_\_\_\_

Dogs? \_\_\_\_\_

Other cats? \_\_\_\_\_

Is there anything else you would like us to know about your cat? \_\_\_\_\_



<b>For CT SAFE PET Staff use only:</b>	
Case #:	_____ Date _____
Referring Agency:	_____
Contact Name:	_____
Phone:	_____
Email:	_____

**CT SAFE PET PROGRAM**

**"OTHER" PET PROFILE**

**(TO BE USED FOR ANIMALS OTHER THAN DOGS OR CATS)**

**COMPLETE ONE FORM FOR EACH ELIGIBLE ANIMAL.**

***PLEASE PRINT ALL INFORMATION CLEARLY***

Instructions for the referring agent:

1. Please assist your client to provide the following information to the best of her/his ability.
2. Fax to Our Companions Domestic Animal Sanctuary at: **860-499-5418**, and include the signed and dated "Consent & Release Agreement" and "Permission to Obtain Vet Records and Spay/Neuter Agreement" and other pet profile forms.
3. All information must be kept confidential.

Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Please circle one- Sex: Male Female Spayed/Neutered: Yes No

Type/Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_ Age \_\_\_\_\_

What does your pet eat? \_\_\_\_\_

How much and when does your pet eat? \_\_\_\_\_

How often is your pet's bedding changed? \_\_\_\_\_

What medications, if any, is your pet on? (Please include dosage.) \_\_\_\_\_

Any toys/activities your pet particularly likes? \_\_\_\_\_

How do you discipline your pet? \_\_\_\_\_

Any behavior problems? \_\_\_\_\_

Does your pet like to be handled/held? If so, how? \_\_\_\_\_

Are there any special instructions for your pet's care provider? \_\_\_\_\_

Is there anything else you would us to know about your pet? \_\_\_\_\_



**CT SAFEpet PROGRAM**

**RETURN OF ANIMAL AGREEMENT**

*(PAGE 1 OF 1)*

***PLEASE PRINT ALL INFORMATION CLEARLY***

I certify that Our Companions Domestic Animal Sanctuary has provided care and returned back to me the following animals in good condition on this date, \_\_\_\_\_, thus completing the service agreement dated \_\_\_\_\_.

The animals released to me are described as:

Case# \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

Case# \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

Case# \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

As the owner of the above-mentioned animal(s), I acknowledge that I have received each of the animal(s) listed in this document.

\_\_\_\_\_  
Signature of Client/Owner

\_\_\_\_\_  
Date



## CT SAFE PET PROGRAM

### Confidential Client Evaluation of Services

Our Companions Domestic Animal Sanctuary is pleased to have recently been able to make our CT SafePet services available to you. We hope we have met or exceeded your expectations, and enhanced your peace of mind during your time of need.

We are interested in receiving feedback from those we have served in order to continue to improve our response to those in need. Please provide responses to the questions below. Your answers will remain confidential and will be used only for purposes of helping us better meet the needs of others.

1. Overall, were you pleased with the services provided by the CT SafePet program?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Please explain:

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2. What were the benefits of using CT SafePet services?

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3. Did you experience any negative outcomes as a result of placing your animal(s) in our care?

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4. Is there anything else we could have done to better assist you?

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5. Would you recommend this program to friends or family members if they were in a crisis and needed temporary care for their animals? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Thank you for your comments!



## CT SAFE PET PROGRAM

### POLICIES AND PROCEDURES FOR OUR COMPANIONS STAFF AND VOLUNTEERS

Our Companions volunteers are the true heart and soul of our organization. We value their critical role in the success of our programs and services and depend on them to comply with our high standards of animal care. Before we accept any animal into the CT SafePet program, their profiles are carefully screened for health and behavioral issues we may need to address. Animals are accepted into the CT SafePet program at the sole discretion of Our Companions Domestic Animal Sanctuary (OC) staff, which uses the following guidelines and procedures to assure appropriate safeguards, high standards of care and the best possible outcome for every animal and foster care volunteer accepted into the program:

1. **Confidentiality is required** of all SafePet veterinarians, staff and volunteers. Identifying information about clients and their pets is not shared with anyone not directly involved the animal's case.
2. **Domestic animals only are accepted into the CT SafePet program.** Their owners must meet certain eligibility requirements and are referred by an agency overseeing their medical or behavioral healthcare, or emergency housing, or provides advocacy and/or protective services. **Only pets that are considered safe and suitable for foster care are accepted into the program.** This includes domesticated dogs, cats, birds, small reptiles, guinea pigs, hamsters, gerbils and other pets with adequate housing containers.
3. The referring agent notifies OC by telephone of incoming applications, providing confidential information regarding the client's circumstances and their animal's health and behavioral status. The referring agent assists the client to complete the application forms and faxes the applications to OC staff for review and a determination of acceptance into the program.
4. OC assesses each client's need and eligibility, their animal's profile, availability of veterinary and foster care at the time of application, and responds to each application during business hours (Monday – Friday, 9:00 a.m. – 5:00 p.m.) to confirm acceptance or denial of services. Applications are reviewed and processed as quickly as possible- within 24 hours on weekdays, and sooner whenever possible.

5. When an animal is accepted into the program, OC contacts a participating SafePet veterinarian to arrange for a health assessment and short-term boarding. OC then contacts the animal's original veterinarian to have medical records sent to the new veterinarian. Both veterinarians are advised of the need for confidentiality, if necessary. **Note: In cases involving victims of domestic abuse or sexual assault, the SafePet veterinarian cannot be the client/pet's original vet.** In other cases, we may ask the pet's veterinary practitioner to provide the assessment and/or short-term care.
6. The client transports their animal(s) to a safe location according to logistics coordinated with the referring agent, where they are met by an OC volunteer. The OC volunteer then transports dogs and/or cats to the pre-arranged vet facility. (Animals other than dogs and cats will bypass the vet and be delivered directly to the foster home unless they are in need of medical attention.) All dogs and cats receive basic health evaluations, spay/neuter surgery, micro-chips and other medical and/or preventive treatment as needed.
7. OC contacts the most appropriate foster care volunteer for each animal and transports the animal to the foster home as space allows. Animals coming from the same household will be placed in the same foster home whenever possible if it is deemed in the best interests of the animals.
8. **Throughout the term of the service agreement, OC staff maintains weekly contact with each client's foster care volunteer and referring agent to assure timely and confidential communications.** Weekly updates provide peace of mind for the client, and allow OC staff and foster volunteers to be aware of important timelines regarding the client's plans for relocation and reunification with their animal(s).
9. For purposes of safety, peace of mind and continuity of care, **clients are not permitted to visit their pets, and will not know the foster caregiver's identity or location at any time before, during or after the term of their SafePet service agreement. All communications regarding their pet's welfare and their readiness for reunification is channeled through the referring agent.**
10. If at any time you have questions or concerns about the behavior or health status of the animal(s) you are fostering, please don't hesitate to call SafePet at: 860-242-9999 ext. 322.

## Foster Volunteer Eligibility and Terms of Service

The following are **basic terms and guidelines for CT SafePet foster volunteers:**

- A. The person having primary responsibility for the care of the animal(s) must be at least 18 years of age.
- B. For dogs, there should be no children in the residence less than 8 years of age.
- C. There should be a separate indoor area for the foster animal(s), which may only be needed for a short time at the beginning of the care period.
- D. All resident pets must be up-to-date on vaccinations, including rabies.
- E. All resident dogs and cats must be spayed/neutered.
- F. If caring for cats, all resident cats must be Leukemia negative.
- G. All fostered cats must remain indoors for the duration of the foster period.
- H. All fostered dogs must be leashed and/or safely fenced throughout the duration of the foster period.
- I. Unsupervised animals will NEVER be tied up or chained!**
- J. All hazardous materials and valuables in the caregiver's home and garage should be kept in safe places, away from pets. OC is not responsible for damage to the home, or to household or personal items.
- K. OC must be notified as quickly as possible if the foster animal shows signs of excessive stress, discomfort, illness, aggression or presents challenging behavioral problems. OC determines whether the animal should receive veterinary attention and/or a behavioral assessment and/or training, and makes the appropriate arrangements to provide these services.
- L. Animal care volunteers must be able to safely transport animals in case of emergency.
- M. SafePet foster care volunteers must complete specialized SafePet foster training, which is provided free of charge by OC staffs and/or qualified volunteers.

**PLEASE NOTE:** SafePet volunteers must relinquish their fostered pets according to the date and logistics coordinated by the OC staff and referring agent. **Note: As stated in the Consent and Release Agreement, PETS MAY NOT BE RETURNED TO CLIENTS WHO CHOOSE TO RETURN TO AN IDENTIFIED ABUSER.** Animals may instead be placed for adoption into permanent, safe homes at OC's sole discretion. *This standard is intended to enhance incentives for victims of abuse to establish and maintain non-violent lifestyles, and protect their animals from unwarranted trauma, violence, homelessness and/or untimely death.*

In the event that a client is ultimately unable or unwilling to take possession of his/her pet according to the terms of the service agreement, the foster caregiver is given first option to adopt. If the foster caregiver does not wish to adopt, the animal is placed for permanent re-homing using the humane standards and methods utilized by OC's adoption program.

Situations not covered above are considered on a case-by-case basis.

# IMPORTANT CONTACT INFORMATION

## CT SafePet Program

Administrative Office Phone: 860-242-9999 ext. 322

Manager's Cell Phone: 203-640-4749

Administrative Office Fax: **860-499-5418** (*Submit completed applications to this #*)

Email: SafePet@Ourcompanions.org

## Our Companions Domestic Animal Sanctuary

PO Box 673

Bloomfield, CT 06002

Phone: 860-242-9999

Website: [www.ourcompanions.org](http://www.ourcompanions.org)

**For quick reference, we recommend that you identify and include local police and animal control contact information below for area(s) served by your agency:**

**Town:** \_\_\_\_\_

\_\_\_\_\_

**Town:** \_\_\_\_\_

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**Town:** \_\_\_\_\_

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**Town:** \_\_\_\_\_

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**Town:** \_\_\_\_\_

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**Town:** \_\_\_\_\_

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