Second Leash

Veterinary Care Authorization

We believe in second chances.

Dog Information
Name: _____
Breed: _____
Age: _____ Sex: _____
Owner Name: _____

Authorization

I, the undersigned, authorize Second Leash to seek and approve veterinary care for the above-listed dog, including routine vaccinations, medical treatment, and emergency care if needed.

Agreement

I understand that:
Second Leash will make reasonable efforts to contact me in case of an emergency.
Veterinary decisions will be made in the dog's best interest if I cannot be reached immediately.
I am not responsible for medical costs incurred while the dog is in the care of Second Leash.

Owner Signature: _____ Date: _____
Second Leash Representative: _____ Date: _____

Second Leash

Release & Liability Waiver

Dog Information
Name: _____
Breed: _____
Age: _____ Sex: _____
Owner Name: _____

Acknowledgment and Waiver:
I, the undersigned, understand and acknowledge that caring for animals involves inherent risks. I agree that:
I release Second Leash, its representatives, volunteers, and partners from any liability related to injury, illness, or damage caused by the dog.
I understand that Second Leash on Life makes reasonable efforts to ensure the dog is safe and healthy but cannot guarantee behavior or outcomes.
I agree not to hold Second Leash on Life responsible for any claims, damages, or losses that may occur during the dog's placement in a foster/rescue environment or during transport.
By signing below, I accept these terms and assume full responsibility for my participation in the program.

Signature: _____ Date: _____
Printed Name: _____

Second Leash

Photo & Media Release

Participant Information

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Consent & Release

I hereby grant permission to Second Leash, its representatives, and partners to photograph, video record, and/or otherwise capture my image, likeness, voice, and/or my pet(s) for use in promotional, educational, and informational materials.

These materials may include, but are not limited to:

- Social media posts
- Website content
- Marketing and promotional materials
- Fundraising campaigns
- Press and media publications

I understand that these images and recordings may be used without further notice or compensation.

Use of Name

□ I consent to the use of my name

□ I prefer to remain anonymous

Name to be used (if different): _____

Pet Information (if applicable)

Pet Name(s): _____

Breed/Description: _____

Ownership & Rights

I understand that all photos, videos, and media content taken by or for Second Leash become the property of Second Leash and may be used indefinitely for lawful purposes.

Release of Liability

I release and discharge Second Leash from any and all claims, demands, or causes of action that I may have related to the use of these images or recordings.

Signature

I have read and understand the above and agree to its terms.

Signature: _____

Printed Name: _____

Date: _____

For Minors (if applicable)

I am the parent/legal guardian of the above-named individual and give my consent for them to be photographed and/or recorded.

Guardian Name: _____

Signature: _____

Date: _____

Second Leash

Reunification Agreement

Owner Name: _____Dog Name: _____

1. This agreement outlines the conditions under which Second Leash will reunite the dog with its owner.

2. Proof of Housing

I understand that, prior to reunification, I must provide proof of safe and stable housing suitable for my dog.

Acceptable proof may include:

Lease agreement or mortgage statement

Letter from landlord confirming pet approval

Other documentation approved by Second Leash

3. Timeframe for Reunification

Reunification must occur within 30 days of owner achieving stability.

If I cannot reclaim my dog within this timeframe, Second Leash will follow its policies for continued care or rehoming.(Every situation is different and will be handled based on the best interest of both dog & owner.)

4. Owner Responsibilities

Maintain communication with Second Leash regarding release date (if applicable) and housing updates.Provide any additional information requested to ensure safe reunification.Comply with any agreed-upon veterinary or care requirements before taking the dog home.

5. Organization Responsibilities

Make reasonable efforts to coordinate reunification.

Ensure the dog is healthy, vaccinated, and safe to return.

Notify the owner promptly if reunification is delayed or requires additional steps.

6. Agreement Acknowledgment

By signing below, I acknowledge that I have read, understood, and agree to the conditions for reunification. I understand that Second Leash has the right to delay or deny reunification if the conditions above are not met.

Owner Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Second Leash

Dog Behavior Disclosure

Owner Name: _____
Dog's Name: _____
Date: _____
Please disclose any known behavioral concerns. Check all that apply.
People □ Has bitten a person □ Has attempted to bite □ Fearful of strangers □ Fearful of men □ Fearful of women □ Fearful of children □ Other: _____
Other Animals □ Dog aggressive □ Cat aggressive □ Reactive on leash □ Resource guards around other animals □ Other: _____
Behavior □ Separation anxiety □ Escape artist □ Destructive when left alone □ Excessive barking □ Food aggression □ Toy/resource guarding □ Severe anxiety □ History of abuse or trauma □ Other:
_____
Has your dog ever caused injury to a person or another animal?
□ No
□ Yes (Please explain.)
Please describe any known triggers or situations that may cause your dog to become fearful, anxious, or aggressive.

Are there any handling instructions or precautions foster caregivers should know?

Owner Certification
I certify that I have disclosed all known behavioral concerns about my dog. I understand that failure to disclose known behavior issues may place foster families, volunteers, other animals, and my dog at risk.

Owner Signature: _____
Date: _____

Second Leash

Temporary Care Agreement

We believe in second chances.

Owner: _____

Dog(s): _____

Date: _____

The undersigned Owner voluntarily places the above dog(s) in the temporary care of Second Leash. Ownership is not transferred by this agreement.

The Owner agrees to:
- Provide accurate information about the dog's health and behavior.
- Maintain communication with Second Leash when possible.
- Reclaim the dog(s) when eligible and arrangements are made.

Second Leash agrees to:
- Provide temporary foster care and basic daily needs.
- Obtain veterinary care when necessary for the dog's health and welfare.
- Make reasonable efforts to reunite the Owner with their dog(s).

The Owner understands that, while every reasonable effort will be made to provide safe care, unforeseen events may occur. The Owner releases Second Leash, its volunteers, and foster caregivers from liability except in cases of gross negligence or willful misconduct.

By signing below, both parties acknowledge they have read and agree to the terms of this Temporary Care Agreement.

Owner Signature: _____ Date: _____

Second Leash Representative: _____ Date: _____