



ANIMAL EXCHANGE PROGRAM APPLICATION

(Please either type or use ink and print clearly)

SCHOOL INFORMATION

School district _____

School _____

School address (city/state/ZIP) _____

Principal's name _____

CLASSROOM TEACHER INFORMATION

Name _____

School phone _____ Teacher's personal cell _____

E-mails: School _____ Personal _____

Grade(s) or age(s) you teach _____ Average # of students in your classroom _____

Do any of your students have allergies to small animals? Yes No

PET INFORMATION

Is this your first experience with a classroom pet? Yes No | If no, please explain/describe your previous experience(s).

Do you currently have a classroom pet? Yes No | If yes, please explain the type of animal, where you got it, etc.

Is this your first personal experience caring for a small animal? Yes No | If no, please explain/describe your previous experience(s).

Who will be responsible for the daily care of this pet?

Who will be responsible for the care of this pet on weekends, over holidays, and through the summer?

How will your classroom/school be able financially to provide proper care and feeding of this animal?

Why do you/your students wish to have a pet in your classroom?

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Which of the following animals would you be interested in having as a classroom pet? (check all that apply)

- | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Bird | <input type="checkbox"/> Ferret | <input type="checkbox"/> Hamster | <input type="checkbox"/> Rat |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Gerbil | <input type="checkbox"/> Mouse | <input type="checkbox"/> Reptile |
| <input type="checkbox"/> Chinchilla | <input type="checkbox"/> Guinea Pig | <input type="checkbox"/> Rabbit | <input type="checkbox"/> Other |

ANIMAL EXCHANGE AGREEMENT

BOTH SIGNATURES ARE REQUIRED AT THE BOTTOM OF THIS PAGE

By signing below, I/we hereby accept the opportunity to participate in the Animal Exchange program for the Humane Society of Harrisburg Area, Inc. (HSHA), upon the following terms, conditions, and understandings and understand and accept that authorized agents of HSHA may conduct follow-up visits to determine that the animal is receiving proper care.

ANIMAL EXCHANGE ACKNOWLEDGMENT

I/We understand the following:

- Any questions regarding the Animal Exchange program are to be directed to the program coordinator;
- HSHA cannot guarantee the health, training, or temperament of the animal;
- I/we are accepting the responsibility for the day-to-day and routine care of the animal, including the expenses incurred for such care;
- The animals in my/our care remain the property of HSHA at all times;
- I/we will not be held responsible for illnesses of the animal while in my care, except as a result of my/our own negligence;
- HSHA will provide all necessary veterinary care. Non-HSHA veterinary care may be sought only in cases of extreme and urgent emergencies;
- If the animal should wander away or be stolen, I/we must contact HSHA immediately to file a lost report;
- If the animal should pass away while in my care, its remains must be returned to HSHA along with any housing or supplies that were provided by HSHA;
- The animal, along with any housing or supplies that were provided by HSHA, must be returned to HSHA at any time if requested by HSHA staff; and
- I/we may not adopt the animal in my/our care to others or transfer physical custody to others. All adoptions must be completed through HSHA and must follow HSHA's regular adoption procedures and policies.

TERMS AND CONDITIONS

- I/We will be familiar and comply with HSHA's Animal Exchange program policies and procedures. In particular, I/we fully understand that HSHA expects high standards of moral and ethical treatment of the animals under its care. I/We will adhere strictly to those standards while participating in the Animal Exchange program.
- I/We accept full legal responsibility for the animal while in my/our care and for any damages to persons and/or property caused by said animal.
- I/We understand that HSHA, without notice or hearing, may terminate this agreement at any time with or without reason.

RELEASE

I/We hereby take the following action for myself/ourselves, my/our executors, administrators, heirs, next of kin, successors, and assigns: 1) I/We waive, release, and discharge from any all claims or liabilities for death, personal injury, or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons of entities listed below, which arise out of or relate to my/our participation in the Animal Exchange program, the following persons or entities: the Humane Society of Harrisburg Area, Inc. (HSHA) and any of the officers, directors, employees, representatives, and agents of HSHA; b) I/We agree not to use any of the persons or entities listed for any of the claims or liabilities that I/we have waived, released, or discharged herein; c) I/We indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my/our actions.

Teacher's Name (printed)

Principal's Name (printed)

Teacher's Signature/Date

Principal's Signature/Date

Please submit completed application to Kristi Ehrhart | kristie@humanesocietyhbg.org.

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