



Request for Emergency Assistance

Boone Animal Rescue Coalition, Inc. (B.A.R.C.) is a non-profit 501c3 animal rescue dedicated to helping the homeless, neglected and abandoned animals of Boone County, WV. When an animal is in an emergency situation and needs immediate medical treatment, B.A.R.C. may agree to assist if the funds and resources are available at the time of the emergency. Funds are generated by the Boone County PALS Animal Assistance Fund. The well-being of your animal is first priority. The quality of life and a safe environment for the animal during and after recovery is of equal priority. The terms and conditions below were created to ensure that the safety and well-being of the sick/injured animal is taken into consideration throughout treatment and thereafter. B.A.R.C. values the professional opinion of the animal’s veterinarian(s), the veterinarian’s staff, and the experience of the B.A.R.C. Board of Directors/ Rescue Team.

By Signing and agreeing to these term and conditions does not guarantee B.A.R.C. will be able to assist with medical treatments/surgeries etc.

Owner of sick/injured animal: _____

Address: _____

Best number to reach you at: _____ **email:** _____

Name of sick/injured animal: _____ **Approx. Age:** _____ **Breed:** _____

Type of sickness/injury if known: _____

Circumstances leading up to sickness/injury (if known):

Last known records of vetting (Vaccines, spay, neuter etc.) (Please also list **current medications**):

Known Allergies/ Medical Conditions/ Other:

Current Veterinarian: (By providing this information you release the current veterinarian to send records to Madison Animal Hospital – Madison, WV



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Terms and Conditions:

1. Said sick or injured animal will be initially examined and/or treated at Madison Animal Hospital, Madison, WV (304)369-5100
2. Owner is responsible for delivering animal to the vet in a timely manner.
3. If an appointment is made and the sick/injured animal is not delivered as agreed upon, owner is responsible to pay the office visit fee directly to Madison Animal Hospital.
4. The animal will be immediately signed over to B.A.R.C. as an owner surrender (form can be provided by B.A.R.C. rep or Madison Animal Hospital)
5. Once animal is delivered to Madison Animal Hospital, B.A.R.C. assumes responsibility and will be the point of contact for all decisions and medical treatment as recommended by the veterinarian and staff.
6. B.A.R.C. will assign a representative to you and keep you informed as much as possible.
7. If any signs of abuse or neglect are determined by the veterinarian or B.A.R.C. rep, the said animal will not be returned to previous owner.
8. If the initial examination requires the animal to be transferred to a different animal hospital/clinic, B.A.R.C. will be responsible for the transportation.
9. If the animal survives the initial sickness or injury and the original owner wants him/her to return to their home, the previous owner will need to pass all requirements and standards of a typical B.A.R.C. adoption (suitable home, safe environment, ability to care for pet properly etc.)
 - a. Surviving animal will be required to be spayed /neutered before returning to original owner.
 - b. Surviving animal will be required to be up to date on vaccines including Rabies, DHLPP and Bordatella before returning to previous owner
 - c. Surviving animal will be required to register with the city (\$3.00 tax fee)
10. If the surviving animal acquires a long term medical condition due to their sickness/illness and the previous owner does not want to assume responsibility, B.A.R.C. will continue to care for the said animal and find a more suitable home for him/her.
11. If the surviving animal is returned to you, B.A.R.C. requests that reimbursement is made for all vetting for sickness/ injury and required vetting prior to return. A payment plan can be set up with a minimum monthly payment of \$50.00 payable to B.A.R.C. (Check, Money Order or PayPal accepted)

By signing below, you agree that you are the owner of the animal named within this agreement and that you agree to the terms and conditions listed below.

Signature: _____ Date: _____

Print Name: _____