

**Frosted Faces Foundation  
Senior Animal Advocacy Organization  
1448 Pine Street, Ramona, CA 92065  
715-574-6320  
info@frostedfacesfoundation.org  
www.frostedfacesfoundation.com  
EIN #47-1274069**

### **PET OWNER AGREEMENT**

This Pet Owner Agreement made this the \_\_\_ day of \_\_\_\_\_, 20\_\_ between Frosted Faces Foundation, and \_\_\_\_\_ of the County of \_\_\_\_\_, State of \_\_\_\_\_, hereinafter called “the Pet Owner.”

WITNESSETH THAT:

WHEREAS, Frosted Faces Foundation desires to operate an animal care program to be a resource for certain individuals who can no longer care for their beloved pets through death or incapacitation.

WHEREAS, the Pet Owner shares with Frosted Faces Foundation a mutual interest in providing for their pets after they can no longer care for them and has demonstrated this interest through his/her support in the establishment and maintenance of Frosted Faces Foundation; and

WHEREAS, the Pet Owner desires that one (each dog referred to as a “Frosted Face”) shall be provided shelter, care and comfort for the rest of the Frosted Face’s life after the Pet Owner becomes unable to care for the Frosted Face.

WHEREAS, Frosted Faces Foundation agrees to provide such shelter, care and comfort for the Frosted Face upon the terms set forth herein; and

WHEREAS, the Pet Owner acknowledges and agrees that Frosted Faces Foundation’s acceptance of the animal(s) is contingent upon the payment of an enrollment fee of \$ \_\_\_\_\_ per animal.

WHEREAS, the Pet Owner acknowledges and agrees that Frosted Faces Foundation’s acceptance of each Frosted Face is contingent upon its being free of disease(s) that could adversely affect the health of other animals or human caretakers;

THEREFORE, in consideration of the foregoing premises and the mutual covenants hereinafter set forth, the parties hereto agree as follows:

I.

At the time of the execution of this Agreement, the Pet Owner shall provide Frosted Faces Foundation with a completed Pet Owner Information Form (attached as Exhibit A);

Frosted Face Information Form (attached as Exhibit B); and shall provide any other information necessary to carry out the duties of Frosted Faces Foundation and owner as set out herein.

## II.

Within a reasonable time, the Pet Owner shall authorize the animal's veterinarian to provide to Frosted Faces Foundation medical records and diagnostics for each enrolled Frosted Face to provide pertinent data and health information.

## III.

By executing this Pet Owner Agreement, paying an enrollment fee of \$\_\_\_\_\_ per animal which shall be due immediately, and delivering such Frosted Face to Frosted Faces Foundation, the Pet Owner hereby transfers ownership of the Frosted Face(s) described in Exhibit B, to Frosted Faces Foundation, at the time Frosted Faces Foundation takes possession of the animals to enter Frosted Faces Foundation program.

## IV.

The Pet Owner shall be responsible for all costs incurred in transporting the animal(s) to Frosted Faces Foundation facility in Ramona, California.

## V.

Upon performance of the duties of the Pet Owner as set forth herein, Frosted Faces Foundation shall be obligated to perform the following duties:

- A. Take physical possession and responsibility for the animal(s) within a reasonable time, not to exceed seven (7) working days after payment of the enrollment fee, execution of this Pet Owner Agreement, and submission of completed Exhibits A and B attached hereto.
- B. Provide shelter, care and comfort for the animal in a home-like environment, including proper nutrition, exercise, attention, affection and complete medical and surgical care for the animal for the remainder of the animal's life, either in the Frosted Faces Foundation facility or to an approved Forever Foster Family, in the best interest of the Frosted Face, which shall be determined in the sole discretion of Frosted Faces Foundation.

## VI.

The laws of the State of California shall govern this Pet Owner Agreement.

## VII.

**The Pet Owner waives any and all claims or causes of action of any kind or nature whatsoever, particularly on account of all injuries to person and property, which have**

resulted or may result in the future regarding the subject of the agreement. Signing this agreement expressly terminates all rights of the Pet Owner to pursue his or her legal remedies, if any, against Frosted Faces Foundation and its representatives, employees and agents.

The Pet Owner releases Frosted Faces Foundation from any and all claims or causes of action of any kind or nature whatsoever, particularly on account of all injuries to person and property, which have resulted or may result in the future regarding the subject of this agreement.

The Pet Owner assumes entire responsibility and liability for any claims or causes of action based on injuries (including death) to persons or damages to property in connection with the performance of this agreement by the Pet Owner regardless of whether the claim or action is founded in whole or in part upon the negligence of Frosted Faces Foundation or its representatives, employees agents, invitees, or licensees; and, furthermore, the Pet Owner agrees to indemnify and hold harmless Frosted Faces Foundation and its representatives, employees, agents, invitees, or licensees in respect to any such matters and does hereby agree to defend any claim or suit brought against Frosted Faces Foundation and its representatives, employees, agents, invitees, or licensees, including, specifically, those related to negligence on the part of Frosted Faces Foundation and its representatives, employees, agents, invitees, or licensees.

SIGNED the day and year first above written.

Owner(s) \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted:

Frosted Faces Foundation

\_\_\_\_\_  
Director/Associate Director Date: \_\_\_\_\_

Exhibit A

**Pet Owner Information Form**

|                         |  |
|-------------------------|--|
| Pet Owner Name          |  |
| Spouse/Partner Name     |  |
| Phone Number            |  |
| Email                   |  |
| Address                 |  |
| Attorney's Name         |  |
| Attorney's Phone Number |  |
| Executor's Name         |  |
| Executor's Phone Number |  |

I certify the above information is correct

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Signature and Date

Exhibit B

**Pet Information Form**

|                  |  |
|------------------|--|
| Animal's Name    |  |
| Species          |  |
| Gender           |  |
| Color            |  |
| Breed            |  |
| Date of Birth    |  |
| Microchip Number |  |

|                                      |  |
|--------------------------------------|--|
| Diet                                 |  |
| Health Issues                        |  |
| Medications                          |  |
| Allergies/Drug Reactions             |  |
| Behavioral Issues (Dogs/Cats/People) |  |

|                                |  |
|--------------------------------|--|
| Veterinary Clinic              |  |
| Veterinarian's Name            |  |
| Veterinary Clinic Address      |  |
| Veterinary Clinic Phone Number |  |
| Veterinary Clinic Email        |  |

I certify the above information is correct

\_\_\_\_\_ Signature and Date