



Casa Grande Animal Care and Adoption

Sniffari Adventures Program Acknowledgement

I, _____, agree to act as a temporary guardian for Casa Grande Animal Care and Adoption (hereinafter referred to as CGACA). I have read and fully understand the following rules, guidelines, and principles. (Please initial next to each statement.)

- I understand that I must be over the age of eighteen and will be required to provide a driver's license (Copy of license will be taken). _____
- All animals participating in the Sniffari Adventures program must have completed CGACA's required intake protocols prior to leaving the facility. _____
- I understand that the animal(s) remain the property of CGACA and agree to return them immediately upon request. _____
- I will return the dog(s) and all related items to CGACA at the designated time. _____
- I agree to comply with all CGACA standards of care and all applicable local and state animal welfare laws. _____
- I agree to always keep a well-fitted collar or harness on the animal. _____
- I will keep the dog on a leash at all times while in public or at home. _____
- I will not take the dog to any dog parks or similar off-leash environments. _____
- I will transport the animal(s) only in an enclosed, seat-belted vehicle. The animal(s) will not ride in the bed of a pickup truck or convertible. _____
- I will not keep the animal outdoors unless prior approval has granted prior approval. _____
- I understand that CGACA takes all reasonable precautions to ensure the health of the animals, and that any known medical issues will be disclosed to me prior to participation. However, CGACA cannot be held responsible for any unforeseen health issues that may arise while the animal(s) are in my care. _____
- I understand that CGACA may require me to return the animal(s) to the shelter for medical evaluation or treatment at its discretion. _____
- I understand that I am not authorized to seek outside veterinary care without prior approval from CGACA staff. If I choose to do so, I accept full financial responsibility and acknowledge that CGACA will not reimburse any related expenses. _____



- I agree to provide a safe, positive, and enriching experience for the animal(s) during the Sniffari Adventure and to provide progress updates to CGACA upon request. _____
- I understand that CGACA animals must remain separate from my own pets. I acknowledge the potential risks of illness or injury that may result from interaction. _____
- I agree to protect the CGACA animal(s) from harm and illness. _____
- I understand that animals may carry contagious illnesses. Therefore, I agree not to allow this animal to interact with other animals while outside the shelter. _____
- I accept full responsibility for any incidents that may occur while the animal is in my care. I understand the potential risk of bites, scratches, or zoonotic disease and agree to ensure that any individuals, including children, interact with the animal safely and hygienically. I will not hold CGACA responsible for injuries resulting from my failure to follow these guidelines. _____
- I agree to notify a CGACA representative immediately of any bite or injury that breaks the skin involving any person or animal while the animal is in my care. _____
- I acknowledge that CGACA makes no representations or warranties—express or implied—regarding the temperament, behavior, health, background, age, or breed of the animal(s). I understand that the animal's behavior in the future is inherently unpredictable. _____
- If I fail to comply with this agreement, I agree to return the animal(s) to CGACA immediately upon request. _____
- I understand that if I refuse to return the animal(s) upon demand, CGACA reserves the right to impound them as the legal owner. _____
- I acknowledge that a CGACA staff member has reviewed all available documentation regarding this animal with me, and that I have received such documentation in writing. I am aware of any known medical or behavioral history. _____

Volunteer

Signature: _____

Printed Name: _____ Date: _____



Casa Grande Animal Care and Adoption

Release of Liability

I, _____, agree to participate in the Casa Grande Sniffari Adventures program with the Casa Grande Animal Care and Adoption Center. I understand that participation is voluntary and that I will not receive compensation or benefits of any kind.

I agree to follow all rules, regulations, and procedures of the City of Casa Grande. I understand that failure to do so may result in my immediate removal from the program.

I acknowledge that participation may involve inherent risks, including but not limited to injury or illness. On behalf of myself, my heirs, and legal representatives, I hereby release, indemnify, and hold harmless the City of Casa Grande, its employees, agents, and representatives from any and all claims, liabilities, damages, or expenses (including attorney's fees) arising out of or related to my participation, including those resulting from negligence.

Volunteer

Signature: _____

Printed Name: _____ Date: _____



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Film and Photography Release

I hereby grant the City of Casa Grande and its representatives the right to take, edit, use, and distribute any photographs or video recordings of me for promotional or educational purposes, including but not limited to newsletters, social media, websites, or other digital and print communications. I understand that I will not receive any compensation and waive any rights to inspect or approve the materials prior to publication.

Volunteer

Signature: _____

Printed Name: _____ Date: _____