



Musquodoboit Valley
Home for Special Care

Musquodoboit Valley Home for Special Care (MVHSC)
PRE-SCREENING TOOL FOR VISITING DOGS and CATS
RELEASE AND INDEMNIFICATION

Date: _____ Pet: _____
Resident: _____ Breed: _____
Handler: _____ Phone: _____

I have reviewed this Pre-Screening Tool, Release and Indemnification and the “On Pet Visitation Day” document and agree to follow it.

Handler’s Initials

I confirm that I am at least 19 years of age and that:

1. The pet has not been exposed to anyone with Covid-19 who is required to quarantine or isolate in the last 14 days.
2. The pet is over 2 years old.
3. The pet is currently under the care of a veterinarian and in good health including up to date vaccines for rabies, parvovirus, adenovirus, and distemper.
4. Within the last seven (7) days, the animal has not had any episodes of vomiting or diarrhea, urinary, or fecal incontinence, episodes of sneezing or coughing, treatment with antimicrobials or immunosuppressive doses of medications, open wounds, ear infections, skin infections, orthopedic, or other conditions that could result in pain or distress to the animal, seizures, or signs of heat stress.
5. I will be responsible for the animal’s supervision, safety, and behaviour.
6. I will be responsible for the clean-up that occurs during the visit and disposal of any pet waste (i.e.: vomit, urine, feces)

If I do not meet the visiting criteria the pet will not be permitted to visit the facility.

I hereby assume all risks and responsibility, legal or otherwise, for any injury to me, the visiting pet, or to any third parties or any damage to any property occurring as a result of my bringing the visiting pet to Musquodoboit Valley Home for Special Care (MVHSC).

I hereby release, waive, and agree not to make any claim against MVHSC, its officers, board members, employees, agents, volunteers, or service providers from any and all claims, liability, actions, and causes of action arising out of any injury, loss, or damage to the person or property of me or the visiting pet as a result of my bringing the visiting pet to MVHSC regardless of the cause.

I further agree to indemnify MVHSC and the parties referenced in the preceding paragraph from any loss, liability, damages, or costs they may incur as a result of my bringing the visiting pet to MVHSC

Handler signature: _____ Date: _____