



Person County Animal Services

Chub Lake Rd, Roxboro, NC, 27274

336-597-1741

Dog Day Out Agreement

Dog Day Out Overview

You're making a dog's day extra fun by volunteering your time to get them out of the kennel for a few hours! These dog day out opportunities provide the mental and physical stimulation dogs in shelters need every day. Whether it's an hour or the whole day, the dogs are always appreciative.

Participants should be aware that one of the goals with the program is to learn more about PCAS's adoptable dogs' behavior when they are out of the kennel. Photos, videos, and a report of the pet's behavior are highly encouraged!

Items Provided

- Harness Lead
- Collapsible Water Bowl
- Bottle of Water
- 'Adopt Me' Leash Sign
- Treats
- Dog Waste Bags
- Crate (if needed)

Procedures and Policies

1. Individuals must be 18 years or older to take dog from PCAS premises
2. Individuals must have a valid government-issued photo ID
3. Individuals must have a valid driver's license
4. PCAS Staff will educate and confirm individuals know how to properly handle/walk a dog
 - a. PCAS dog's cannot go to dog parks
 - b. Individuals must avoid nose-to-nose interactions with other dogs

- c. Only individuals over the age of 18 may control leash
- 5. Dogs approved for Dog Day Out will meet all of following criteria:
 - a. Current on all vaccines
 - b. Microchipped
 - c. 1 round of deworming
 - d. 6 months or older
- 6. PCAS Staff will secure dog in harness lead and teach participants how to use it
- 7. PCAS Staff will inform participants about keeping dog hydrated
- 8. PCAS dogs must be back in the building no later than 4:45PM Tuesday – Friday and 1:45PM Saturday
- 9. PCAS Staff will remind participants to complete a Pet Report Card and submit any photos or videos
- 10. Any unusual behavior or physical changes must be reported to a supervisor immediately

Participant(s) Information

Name: _____

Address: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Thank you for your interest in Dog Day Out!

Please read and abide by the following dog walking rules. Initial after each line.

- Dogs can ONLY be walked by participants over the age of 18. _____
- Dog leashes must be held securely. _____
- Dogs must be kept on provided leash at all times. _____
- Do not allow any dogs to interact with other dogs. (Due to illness, disease control and/or aggression) _____
- DO NOT take dogs to any dog parks. _____

Please read carefully and sign below.

Person County Animal Services agrees to the following:

1. The dog you will be taking on a field trip has been;
 - a. Given a complete physical examination and is fully vaccinated
 - b. Examined for internal parasites and treated if results were positive
 - c. Examined for external parasites and treated

2. Person County Animal Services cannot guarantee the health, temperament, or training of the above described animal.
 3. I agree to provide the dog with the following basic requirements;
 - a. Provide clean and safe shelter within a safe and comfortable temperature range
 - b. Provide kind and gentle treatment at all times
 4. Dogs will not be allowed to go to any dog parks
 5. I agree that the dog will be under control at all times and will not be allowed to run loose
 6. I agree to notify Person County Animal Services if the animal requires veterinary attention. Person County Animal Services will determine if any medical care will be performed on the animal.
 7. I agree to transport this animal within an enclosed vehicle; dogs in crate or secured with seatbelt or leash attachment.
 8. I agree to release Person County Animal Services from all liability.
 9. I agree not to promise the dog to anyone or to imply the authority to approve a potential adoption.
 10. I agree to return the animal to Person County Animal Services by the specified time.
 11. I agree to indemnify, defend, and hold harmless Person County Animal Services, Person County, and any of its officers, employees, or agents from all losses, liabilities, claims, demands, suits, costs, damage or expenses (including reasonable attorney's fees) arising from bodily injury, including death, to any person or persons or damage to property caused in whole or in part by any negligent or intentional act on the part of myself or occurred to or suffered by myself, my household, or any third parties directly or indirectly related to activities arising out of this dog day out waiver.
 12. I have read this section. I have had it explained to me and I completely understand and accept the rights and obligations involved.
- Initial Here: _____

It is agreed that the Person County Animal Services retain superior title to the above-described animal. Should there be any non-compliance with this contract or if the above care provisions are not being afforded this animal, Person County

Animal Services may immediately take possession of the animal and legal action may be taken against the individual.

I certify that I have read this contract and understand the benefits and obligations contained herein and agree there to.

Dog Day Out Waiver

This Waiver and Release of Liability, Indemnification and Hold Harmless Agreement is between the volunteer and Person County Animal Services, 2103 Chub Lake Rd, Roxboro, NC, 27574 and its directors, officers, members, employees, agents, assigns, legal representatives and successors. As a volunteer that is 18 years or older, I hereby understand and agree to the following:

I agree to WAIVE and RELEASE Person County Animal Services in Roxboro, NC from all liability, manner of actions, causes of action, debts, contracts, claims, and demands for or by reason of any illness, death, damage, loss of injury to person or property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at the for the Person County Animal Services and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of the Person County Animal Services. I agree to INDEMNIFY and HOLD HARMLESS the Person County Animal Services for any costs or liabilities which they may incur as a result of my volunteering at or for Person County Animal Services. I acknowledge and agree that I have carefully read this Agreement, that I fully understand the Agreement, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding to me, my spouse, my executors, administrators, personal representatives and assigns and that the Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals.

PERSON FULL NAME (Printed) _____

PERSON SIGNATURE/DATE _____

Bite Protocol

Please follow this protocol if during your field trip the dog bites you or any other human.

Dog to dog bites and any injuries caused to another animal should also be reported to the Animal Care Technician (jlipscomb@personcountync.gov) and Animal Services Manager (tbriggs@personcountync.gov)

If a bite occurs:

1. Immediately remove the dog to a safe environment (crate, car, empty room, or other option) that prevents further injury to the person and provides a calm environment for the dog.
2. Report bite to Animal Control Dispatch (336-597-1741 Option 1), confirm it is a dog day out dog (Owned by Person County Animal Services)
3. Report incident to Animal Care Technician and Animal Services Manager. If you need immediate assistance, call or text Animal Care Technician (336-693-6921). If there is no answer, call Shelter Main Line (336-597-1741).
4. Return to the shelter with the dog if possible, the dog will be placed in quarantine following standard procedures.
5. Shelter staff will determine the dog's future placement.

If the bite resulted in an injury follow these additional steps:

1. **Call 911 if injuries are life-threatening or severe (excessive bleeding, broken bones, person in shock or unconscious)**
2. **First Aid:**
 - a. Wash bite wound with soap and water immediately.
 - b. If there is no break in the skin, no further action is required.
 - c. If a break in the skin occurred, stop any bleeding with pressure.
 - d. If punctured, professional medical care should be sought as soon as possible to prevent further injury. Wounds should be monitored for redness and infection.

Person County Animal Services is not liable for any damages relating to a bite or responsible for any medical bill or cost associated with a bite (including injury to another animal). If you choose not to seek medical care, Person County Animal Services is not liable for any resulting consequences.

Contact Info:

Animal Care Technician: 336-693-6921

jlipscomb@personcountync.gov

Animal Services Operations Manager:

tbriggs@personcountync.gov

Animal Control Dispatch: 336-597-1741 (Option 1)

Shelter Main Line: 336-597-1741