



“WELCOME HOME PROGRAM”

SIGN UP FORM FOR VETERINARY CLINICS

Please fill out form or print clearly. We require a signature and we will counter-sign. Send the information to:

Becky Halwachs, Adoptions Manager beckyh@winnipeghumanesociety.ca or Fax: (204) 204-663-9401

****We require separate forms for each veterinary clinic that enrolls in the program ****

Your clinic name:

Clinic full address:

Legal address if different from above:

Hours of operation:

Name of individual signing the agreement:

Name of main contact person for this program (who should we send the info to):

Phone number of the main contact person:

Email address of the main contact person:

Fax number of the main contact person:

I would like to enrol my clinic in the “Welcome Home Program”. I have the legal authority to sign this agreement and ensure compliance with the terms and conditions of the program:

On behalf of the clinic:

On behalf of the WHS:

Name:	Name:
Title:	Title



Welcome Home Program Terms & Conditions

Please initial your acceptance and understanding after each of the terms. This page should be sent together with the sign-up form. Thank you!

- (a) **Your practice shall provide 1 (one) free consult to a Winnipeg Humane Society pet adopter (“new pet adopter”)** if they visit your practice within the first 4 weeks after adopting the pet. Initials: _____
- (b) The free consultation **will not** cover any additional work that may be required after the free exam. WHS is not responsible for any costs of participation of the program and/or further diagnostics or treatment. Initials: _____
- (c) The WHS will send the contact information to your practice indicating the date of adoption, type of animal, all medical information in WHS files and contact information of the new pet owner. **Only WHS-issued information sent to you would be considered proof of new adoption.** Initials: _____
- (d) When an animal is adopted, the WHS Adoption Counselor will ask if the person already has a veterinarian of choice for the future care of their new pet. If they don't, the WHS will offer the individual/family adopting the pet to fax/send the medical file to a veterinary clinic participating in the “Welcome Home” program. Initials: _____
- (e) Every new pet adopter who accepts will be given a list of participating clinics for them to choose from. The participating clinics will be presented on a map form so people know where they are located. **Under no circumstance the WHS staff will tell adopters to choose one participating clinic over another.** Initials: _____
- (f) Once the adopter selects the veterinary clinic, WHS will fax/email the medical file of the pet, together with the contact information of the adopter (name, address, phone number, email if available) Initials: _____
- (g) The veterinary clinic signing this document agrees to contact the new pet adopter within two (2) weeks of receiving the information to invite them to schedule the initial free consultation/visit. Initials: _____
- (h) The veterinary clinic signing this document agrees not to request any procedure to be done by the WHS clinic. **Pets adopted from the WHS are given “as is” and vetted to the best of the WHS ability up to the time of adoption.** Any further medical requirements are a responsibility of the new pet owner under the guidance of a private veterinarian. Initials: _____
- (i) Termination of the program: the WHS reserves the right to cancel or modify this program at its sole discretion. You will be notified in writing in the event of termination or program changes. Initials: _____
- (j) Either signatory of this agreement can rescind this agreement without cause by notifying in writing to the other party, provided it gives 10 (ten) working days notice. Initials: _____