

Animal Protectors of Allegheny Valley

Parental Consent Form for Minor Interaction with Animals

Shelter Address: 730 Church Street New Kensington, PA 15068

Phone: (724) 339-7388

Website: <https://www.animalprotectors.net/>

Minor's Information

- **Full Name of Minor:**

- **Date of Birth:** _____

- **Age:** _____

- **Address:**

- **City/State/Zip:**

- **Phone Number (if applicable):**

Parent/Guardian Information

- **Full Name:**

- **Relationship to Minor:**

- **Phone Number:**

- **Email Address:**

- **Emergency Contact (if different):**

- **Emergency Phone:**

Consent and Acknowledgment

I, the undersigned, am the parent or legal guardian of the minor named above. I understand and acknowledge the following:

1. **Nature of Activities:** The minor will be participating in activities that involve direct interaction with shelter animals, including but not limited to feeding, grooming, walking, cleaning enclosures, and supervised play.
2. **Risks Involved:** I understand that while every precaution is taken, interactions with animals carry inherent risks including scratches, bites, allergic reactions, or zoonotic disease transmission.
3. **Health:** I affirm that the minor is in good physical health and is not allergic to animals (to the best of my knowledge).
4. **Supervision:** I understand that the minor will be supervised by trained staff or volunteers at all times during their activities at the shelter.
5. **Liability Waiver:** I agree to release and hold harmless [Shelter Name], its staff, volunteers, and affiliates from any and all claims or liabilities that may arise from participation in shelter activities.
6. **Medical Consent:** In the event of an emergency, I authorize [Shelter Name] staff to seek medical treatment for my child and agree to bear any costs incurred.
7. **Photo/Media Release** Yes No
I grant permission for photos or videos of the minor to be used in promotional materials and social media for the shelter.

Signature

Parent/Guardian Signature:

Printed Name:

Date:

For Shelter Use Only

• Staff / Board Member's Name:

• Date Received:

• Approved By:
