



**CITY OF VERNON
HEALTH & ENVIRONMENTAL CONTROL DEPARTMENT
4305 SANTA FE AVENUE, VERNON CA 90058
(323) 583-8811, EXT. 233
(323) 587-5171 (AFTER HOURS)**

ANIMAL TRAP LOAN & LIABILITY AGREEMENT

I wish to borrow an animal trap to place on my property (located at the address indicated below) in order to safely and humanely rescue a sick, injured, dangerous or wild animal involved in a hazardous or nuisance situation which endangers the health and/or safety of people and their pets. I understand that any other animal accidentally trapped will be released or returned to its owner by the Southeast Area Animal Control Authority (SEAACA) or the City of Vernon.

If I am aware of an owner or possibly owner of any animal trapped, I acknowledge that it is my responsibility and obligation to advise SEAACA/City of Vernon of the name and address of said possible owner and I hereby agree to do so promptly upon turning the animal over to SEAACA. If I fail to do so I acknowledge and agree that I am solely responsible to that owner for potential loss and damages resulting from the animal being impounded and possibly destroyed at the SEAACA Shelter.

I agree to monitor the trap a minimum of once every hour unless weather conditions necessitate more frequent monitoring. I acknowledge that it is my responsibility and legal obligation to notify the City of Vernon as soon as I become aware any animal has been trapped and hereby agree to comply.

I agree that should the trap become lost, stolen or damaged while in my possession I will be responsible for the replacement cost of the trap and I understand that the \$40.00 deposit for small traps / \$60.00 for large traps I have made will be forfeited and I will be billed for an additional amount from \$60.00 (small traps) up to \$140.00 (large traps) to cover the entire replacement cost of the trap. I further understand that I will only be refunded the deposit upon my returning the trap in good condition. Traps must be returned to City Hall (Environmental Health Department) between the hours of 7:00 a.m. and 5:00 p.m. Monday through Thursday.

Signature: _____ Date: _____

Name (Print): _____ Work Phone No.: _____

Company Name: _____

Address: _____, Vernon CA

Drivers Lic No.: _____ Home Phone No.: _____

Address where trap will be used (if different from above) _____ Vernon, CA

Date Loaned: _____ Date Due Back: _____

Extension Granted Until: _____ Date Returned: _____

Extension Granted By: _____ (Clerk initials)