

# MUTUAL AID AGREEMENT / MEMORANDUM OF UNDERSTANDING

This Agreement has been established to provide Mutual Aid between two parties affected during emergencies or disasters, specifically for the assistance with animal sheltering and care. OR: to provide assistance to one party affected during emergencies or disasters, specifically for the assistance with animal sheltering and care.

It is a guideline to provide details to mitigate any issues that may arise during an Evacuation Alert or an Evacuation Order under the Emergency Program Act of British Columbia. It is also a commitment between two parties that ensures that neither party will overextend their generosity for providing such shelter and care for animals during these declared emergencies.

This Agreement is made between:

**THE SMITH FAMILY**  
(known as "Party #1")

at: 123 Alphabet Street  
Penticton, British Columbia V2A 1A1  
Mailing Address:  
RR1, Site 2, Comp 3  
Penticton, British Columbia V2A 2A2  
Phones:

Emails:

**AND**

**THE JONES FAMILY**  
(known as "CParty #2")

at: 246 Communication Avenue  
Summerland, British Columbia V0Z 2A2  
Mailing Address:  
PO Box 111  
Summerland, British Columbia V0X 1Z0  
Phones:

Emails:

## PURPOSE

1. Agreements to be entered into are governed by the laws of the land at the time of the emergency/disaster.
2. The parties to the Agreement will render all possible help to each other upon request when required subject to the following conditions:
  - a. The normal channels of communication shall be between Alice / James Smith and Bill / Elizabeth Jones or any person designated by them in their absence.
  - b. On receipt of a call for assistance, whether general or specific as to resources required, the extent of the assistance given will be at the discretion of each Family having regard to their own needs/situation at the time.
  - c. Any costs incurred in connection with the mobilization, movement and use of mutual aid resources such as food and veterinary services will, in the first instance, be borne by or the Family requesting/receiving the aid.
3. Each party agrees to visit the other property a minimum of once per year to review facilities for sheltering animals, provisions for water and feed, and to familiarize themselves with each property, review of any bio-security requirements and review of the Emergency Plan of each property.
4. Each party agrees to annually provide one another with an updated list of their personal animals that might be affected by an emergency/disaster and a brief bio of any animals that might be evacuated to another's property. It is recommended that photographs be provided to each party of all animals that may be evacuated.

**TERM OF AGREEMENT**

This Agreement is effective upon the day of the last signature affixed hereto. This Agreement shall remain in full force and effect until terminated by the parties. The Agreement may be terminated, without cause, by either party upon thirty (30) days written notice which shall be delivered to the other party by hand or by certified mail sent to the address listed herein.

**INSURANCE**

Each party shall be responsible for its own actions or omissions and those of its representatives. It is agreed that each party shall be individually responsible for providing insurance coverage for their individual properties.

**SIGNATURES**

**(Party #1)**

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(Signature)

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(Date)

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(Print Name)

**(Party #2)**

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(Signature)

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(Date)

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(Print Name)



ATTACHMENT B

DESIGNATION OF AUTHORIZED REPRESENTATIVES FOR PARTY #1  
SMITH FAMILY

ISSUED: (Date) \_\_\_\_\_

Name:

\_\_\_\_\_

Position/Office/Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Alternate number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Emails:

\_\_\_\_\_

ATTACHMENT B

DESIGNATION OF AUTHORIZED REPRESENTATIVES FOR PARTY #2  
JONES FAMILY

ISSUED: (Date) \_\_\_\_\_

Name:

\_\_\_\_\_

Position/Office/Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Alternate number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Emails:

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