

*Name of Organization*  
**ANIMAL FOSTER CARE AGREEMENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name of animal(s) under this foster care agreement: \_\_\_\_\_

*Name of Organization* Animal Id # \_\_\_\_\_

Description of animal(s) under this agreement: \_\_\_\_\_

I, \_\_\_\_\_ voluntarily enter into this agreement to provide temporary care and custody and necessary sustenance as a foster caregiver to the animal(s) listed above in accordance with the terms and conditions of this Agreement:

1. I am over 21 years of age.
2. I agree to provide my foster animal with proper and routine veterinary care including the care described below at the veterinarian listed. I understand that all routine care must be pre-approved by the ***Name of Organization*** Foster Care Coordinator. I agree to pay any charges incurred through the unauthorized use of other veterinarians.
  - a. Routine veterinary care required for the foster animal(s) (*Foster Care Coordinator to complete*):
  
  - b. Veterinarian contact information (*Foster Care Coordinator to complete*):
3. In the event of an emergency, I will take the foster animal to the veterinarian listed above if possible, and I will contact the Foster Care Coordinator as soon as possible regarding the emergency for further direction and approvals.
4. I will keep my foster animal on the following medications, treatments, and/or other special requirements required by the Shelter and/or veterinarian listed above (*Foster Care Coordinator to complete*):
  
5. I understand that I am financially responsible for the following for my foster animal (*Foster Care Coordinator to complete*):

6. I understand that the Shelter will provide the following for my foster animal (*Foster Care Coordinator to complete*):
5. I agree that I shall ensure that my foster animal is provided with food and shelter and the care described above.
6. I understand that ***Name of Organization*** provides no guarantee as to the health of my foster animal, and that my foster animal may have significant medical needs, socialization problems, and may not be housebroken.
7. I will not arrange or pay for, or otherwise cause the spay or neuter of my foster animal during the period covered by this Agreement, without prior written authorization by the Foster Care Coordinator.
8. I will take all necessary precautions to prevent my foster animal from either impregnating another animal or becoming impregnated prior to spaying or neutering. In the event any pregnancy occurs, I will notify the Foster Care Coordinator immediately.
9. If I am planning to move at any time during the period covered by this Agreement, I will contact the Foster Care Coordinator prior to my move with new contact information. I understand that ***Name of Organization*** has the right to request return of my foster animal based upon such a change of residence, and agree that I will surrender my foster animal to ***Name of Organization*** immediately upon request.
10. If a change in my health or other circumstances affects my ability to foster the animal in accordance with this Agreement, I will to the extent possible contact the Foster Care Coordinator immediately.
11. If at any point I can no longer, or do not want to continue to, provide care, food, shelter or veterinary care for my foster animal, I agree to contact the Foster Care Coordinator to arrange for surrender and return of my foster animal back to ***Name of Organization***.
12. I understand that I may be required to bring the foster animal to adoption clinics or allow potential adoptees to visit the animal upon reasonable notice by the Foster Care Coordinator.
13. I will not transfer possession or custody of my foster animal to any other person at any time, except for temporary, short-term possession for the purpose of vet care, boarding, grooming and other care as authorized by the Foster Care Coordinator.
14. I agree not to hold ***Name of Organization*** liable for any direct or indirect damages to other persons, pets or property arising from my care of the Foster Animal and/or this Foster Care Agreement.
15. I agree to contact the Foster Care coordinator with any and all questions or concerns about my foster animal or the fostering program, as well as with updated contact information. I also agree to contact the Foster Care Coordinator with quarterly reports on the health status of my foster animal or more frequently as noted here: \_\_\_\_\_ (*Foster Care Coordinator to complete*).
16. I agree to abide by the following policies of ***Name of Organization***:
17. I understand that I may have my foster animal only temporarily and that ***Name of Organization*** may require its return immediately for any reason. I agree to immediately turn over the foster animal upon demand by the Foster Care Coordinator or designee at any time and for any reason.

18. I agree to provide the Foster Care Coordinator or designee reasonable access to my home and property, to check on my foster animal, at any time that I am in possession of my foster animal.
19. I agree that I am fostering this animal for *Name of Organization*, and that I do not have any right of ownership over my foster animal. I further agree that *Name of Organization's* rights in and to my foster animal are superior to mine.
20. I agree that if I refuse to comply with any provision of this Foster Care Agreement, *Name of Organization* has the right to terminate this Foster Care Agreement and also has the right to the immediate surrender and return of my foster animal. I further consent to provide *Name of Organization* with reasonable access to my home and property if necessary to facilitate the return of the foster animal.
21. If *Name of Organization* is required to take any action against me to enforce this Agreement, including return of the animal upon demand, I agree to indemnify *Name of Organization* for all court costs and attorneys' fees associated with such an action.

I have read this Agreement in its entirety, and I agree that all statements contained in this document are made by me, and are truthful. I make this statement under penalty of perjury under the laws of New York State.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*Name of Organization* Foster Care Coordinator \_\_\_\_\_ Date \_\_\_\_\_

*Name of Organization* Foster Care Coordinator Signature \_\_\_\_\_