

Shelter Animal ID #: _____

Name of Foster Applicant: _____



FOSTER CARE AGREEMENT

Shelter name: **Horseheads Community Animal Shelter** (hereafter "Shelter")

Contact person for all issues regarding this contract

(Hereafter "Authorized Shelter Representative"):

Authorized Shelter Representative's Name Phone

Address Fax

City, State, Zip Email

Incident causing the animals to be in temporary custody of Shelter (hereafter "Incident"):

Natural disaster. Identify _____

Other. Identify _____

Information about You

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail(optional): _____

Information about Your Household

What best describes where you live (please circle):

House Mobile Home Apartment City Suburb Rural Village

Do you own or rent your living quarters? _____

How long have you lived at your current residence? _____

If you rent, Landlord's Name: _____ Telephone: _____

Shelter Animal ID #: _____



Name of Foster Applicant: _____

Do you plan to move in the next six months _____

Traffic Patterns in your residential area: _____ Heavy _____ Medium _____ Light

Will this foster be kept indoors or outdoors? _____ Indoors _____ Outdoors _____ Both

How will you keep this foster confined to your property? _____

Where will the foster be kept when you and/or family members are absent from the home?

Number of people living in your home: _____ Adults _____ Children
Ages: _____

How many hours is someone home: _____ Daytime _____ Evening

Is anyone in the household allergic to pets? _____

How would you describe your household (please circle one):

Active Noisy Average Quiet

Who will be primarily responsible for the foster's care?

Self _____ Parents _____ Children _____ Other _____

Do all family members agree about this foster? _____ Yes _____ No

Are you willing to use a crate? _____ Yes _____ No

Are you willing to join an obedience class (if relevant)? _____ Yes _____ No

Are you willing and prepared to keep foster pet off furniture and beds? _____ Yes _____ No

Pet History

Please list the pets you currently own and whether or not they are spayed/neutered:

Species: _____ Sex: _____ Spayed/Neutered: _____

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Species: _____ Sex: _____ Spayed/Neutered: _____

Species: _____ Sex: _____ Spayed/Neutered: _____

References: Please list 2 personal or professional references:

Shelter Animal ID #: _____

Name of Foster Applicant: _____



Current Veterinarian _____

Whereas, Shelter has temporary custody and care of animals rescued from the above Incident; and Whereas, Shelter desires to provide a supportive, healthy and safe environment for each animal in its temporary custody and care; and Whereas, veterinarians have performed initial medical examinations of each animal in Shelter's temporary custody, and have provided each animal with necessary basic vaccinations; and Whereas, Shelter has requested qualified rescue groups and qualified individuals to provide care and necessary sustenance to the animals in its temporary custody,

I, _____ (name of foster applicant), make the following statements and voluntarily enter into this agreement to provide temporary care and custody and necessary sustenance as a foster caregiver to

Shelter Rescued Animal ID # _____ (hereafter "my foster animal").

- I agree to provide the Authorized Shelter Representative, or his/her designate, access to all parts of my home and property for a home inspection before my application to foster is approved.
- I understand that I could be required to provide foster care to my foster animal for an extended and indefinite period of time. I agree that the period covered by this agreement is the entire time during which I have custody of my foster animal.
- I agree that I am over 21 years of age.
- I understand that Shelter provides no guarantee as to the health of my foster animal, and that my foster animal may have significant medical needs, socialization problems, and not be housebroken.
- I will not arrange or pay for, or otherwise cause, the sterilization (spay or neuter) of my foster animal during the period covered by this agreement, without the express written consent of the Authorized Shelter Representative, or his/her designate.
- I will not arrange or pay for, or otherwise cause, any elective veterinary procedure to be performed on my foster animal during the period covered by this agreement, without the express written consent of the Authorized Shelter Representative, or his/her designate.
- I understand that I may only have my foster animal temporarily.
- I agree that I am fostering this animal for Shelter, and that I do not have any right of ownership over my foster animal. I further agree that Shelter's rights in and to my foster animal are superior to mine. I also agree to provide the Authorized Shelter Representative, or his/her designate, access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.
- I agree to immediately return any foster animal in my care to Shelter, at the request of the Authorized Shelter Representative, or his/her designate, at any time and for any reason.
- If Shelter is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify Shelter for all court costs and attorneys' fees connected with such an action.
- If I am planning to move at any time during the period covered by this agreement, I agree to contact the Authorized Shelter Representative prior to my move, with new contact information. I understand that Shelter has the right to request return of my foster animal based on such a

Shelter Animal ID #: _____



Name of Foster Applicant: _____

change of residence, and agree that I will surrender my foster animal to Shelter immediately upon request.

- If at any point I can no longer, or do not want to continue to, provide care, food, shelter for my foster animal, I agree to contact the Authorized Shelter Representative, or his/her designate, and arrange for surrender and return of my foster animal back to Shelter.
- 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, grooming, etc.
- I agree to contact the Authorized Shelter Representative 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 Authorized Shelter Representative with **weekly reports** on the status of my foster animal.
- I agree to participate in adoption events whenever possible.
- I agree that if I refuse to comply with any provision of this agreement, Shelter has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animal and any other animals for whom I am providing foster care for Shelter. I further consent to provide Shelter with access to my premises if necessary to facilitate the return.
- I agree that the opportunity given to me to help rehabilitate my foster animal, as well as the chance of a potential future adoption, is of significant benefit to me, and serves as proper legal consideration in exchange for my agreements stated in this contract.

I have read this Agreement in its entirety, and I agree that all statements and stated agreements contained in this document are made by me, and are truthful, under penalty of perjury under the laws of the state(s) of New York.

Signature/ Date

Print name

----- APPROVED: -----

Shelter Representative's Signature Date

Print name

Title