

FOSTER



Just two to eight weeks can save a life.

Foster Care Agreement

Please read and initial:

_____ I certify that my own pets are currently up to date on vaccinations, including rabies. I understand that my vet records may be requested.

_____ I agree to keep my pets separated from the foster animal(s) for at least 14 days. If the foster animal is incubating any disease, this separation will minimize the chance of my own pets becoming ill.

_____ I agree to keep the foster animal(s) indoors, unless I'm advised I may do otherwise by the Foster Care Coordinator.

_____ I agree to never leave the foster animal(s) unattended while chained, tied, or leashed for any period of time.

_____ Should the animal become ill while in my care, I agree to call the Shelter Staff at (863) 675-0997 and follow any instructions I am given for the foster animal's further care, including bringing the animal(s) into Caloosa Humane Society Veterinary Clinic for treatment.

_____ I agree to bring the foster animal(s) for their scheduled deworming and vaccination appointments.

_____ I fully understand that foster animals are always the property of Caloosa Humane Society. As such, I agree that any decisions made by the Foster Care Coordinator regarding their care and treatment will be followed by me, including their return.

_____ I agree to return the foster animal(s) as instructed. I agree to make an appointment in advance for the animals return.

_____ I understand that Caloosa Humane Society is not responsible for any property damage or injuries that may occur while the foster animal(s) are in my care.

_____ Caloosa Humane Society is held harmless should my own pets become ill from my foster animal(s). I further agree to be responsible for and to pay for any veterinary expenses incurred for my own animal(s).

Have you ever been convicted of a crime causing harm to a person or animal? Yes _____ No _____

Excluding minor traffic violations, have you ever been convicted of any criminal offense? Yes ___ No___

Do you understand that fostering for Caloosa Humane Society does not offer any preference when bringing in stray and/or injured animals into the shelter. You must still abide by the stated policies regarding intake of any animals to Caloosa Humane Society. Yes _____ No _____

I agree that all of the information I have provided herein is correct as written and I authorize Caloosa Humane Society to verify any information. I also understand a background check may be conducted before I can foster any animals.

Print Name

Date

Signature

Parent/Guardian Signature (required for volunteers under age 18 and living at home) Date