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| --- | --- |
| NAME | K9 or Feline |
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**FOSTER CARE AGREEMENT**

\_\_\_\_\_\_ 1. For clear medical record tracking, I promise to refer to the animal(s) listed on the contract only by the names given by the AARC Staff and under no circumstances will rename the animal(s).

\_\_\_\_\_\_2. I do not have any other animals in foster from another organization, or if I do, it has been approved by the Foster Care Coordinator prior to pick-up.

\_\_\_\_\_\_3. I understand that the Animal Advocacy Rescue Coalition will provide ALL medical care while the animal or animals are in foster care, including vaccinations and spay/neuter. I promise not to provide any additional medications that have NOT been prescribed or approved by our medical team.

\_\_\_\_\_\_4. I have been provided with AARC’s options for after hour emergency care. If I choose to take the animal(s) to a local veterinarian while they are in my care, I am solely responsible for the costs incurred. The Animal Advocacy Rescue Coalition will not reimburse vet costs that have not been approved by AARC Staff.

\_\_\_\_\_\_ 5. I understand that the animal(s) I am fostering belong to the Animal Advocacy Rescue Coalition, and that the animal(s) I am fostering are temporarily in my care. I will, at no time, claim, assume or transfer ownership of the animal(s) I am fostering.

\_\_\_\_\_\_ 6. I understand that I must return all animals in my care to the AARC at the scheduled time. I am responsible for contacting the shelter if extenuating circumstances are going to prevent the animal(s) from being returned at the appropriate time.

\_\_\_\_\_\_ 7. I understand that if I decide to adopt an animal or have found an adopter for an animal I have in foster care, I must fill out an application, have it approved by the AARC staff, and pay the adoption fee.

\_\_\_\_\_\_ 8. I understand the Animal Advocacy Rescue Coalition has not received an accurate assessment of known and unknown behaviors. By initialing and signing this document, I am releasing the Animal Advocacy Rescue Coalition and its agents from any liability associated with medical or property damages caused by the animal I am fostering.

\_\_\_\_\_\_ 9. I assume responsibility for any accidental animal bites or other injuries to humans and other animals by the animal(s) in my care. Furthermore, I am releasing the Animal Advocacy Rescue Coalition and its agents from any liability, claims or suits filed by someone as a result of accidental injury caused by the animal(s) I am fostering.   
  
\_\_\_\_\_\_10. I agree to adhere to all state and local animal laws for the animal(s) I am fostering and animal(s) in my care.

\_\_\_\_\_\_ 11. I understand that I must contact the AARC immediately if any animal in my care begins to have medical or behavioral issues.

\_\_\_\_\_\_ 12. I understand that if I am contacted by the AARC, I am obligated to respond in a timely manner.

\_\_\_\_\_\_ 13. I understand that I must provide adequate food, water, shelter, socialization and humane care to any and all animals while they are in my care.

\_\_\_\_\_\_14. I understand that if I borrow equipment (heating pads, nebulizers, bottles, carriers, etc.) I will return it in a timely manner at the point of my foster animal’s return. If I fail to respect this, I will be responsible for the expenses incurred from our lost equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR FOSTER-TO-ADOPT**

\_\_\_\_ 1. I will contact the Foster Care or Adoption Supervisor in the event that a medical issues arises with my foster animal, and will wait for an appointment to be set up before coming to the shelter (except for emergencies).

\_\_\_\_ 2. I understand the foster-to-adopt period is 2 weeks, and if after 2 more weeks of failed attempted contact, the adoption staff has the right to finalize the adoption of the animal to me.

Current Foster’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I acknowledge that the information I provided to the AARC is correct to the best of my knowledge.

Date: \_\_\_\_\_\_\_\_\_\_                                        Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                        Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment borrowed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AARC Staff releasing animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AARC Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_