Foster Agreement

*** First Name**

*** Last Name**

*** Email**

*** Home Phone Number**

Cell Phone Number

Gender

*** Current Address**

Current Address 2

State/Province/Region

*** Zip Code and City**

Country

Tell us about your home environment

Own

- Single family home
- Condo

Rent

- Single family home
- Apartment
- Condo

Landlord Name and phone

***How many adults in the home?**

***Ages of children in the home**

What animals do you currently have (species, age)?

Foster Requirements

Please read and answer each statement to indicate you agree with the required stipulations. All stipulations must be accepted in order to foster.

***Which pet are you adopting?**

Pet ID number

***1. I affirm that I am at least 18 years of age.**

- Yes
- No

***2. I will allow a representative of FFAS to inspect the environment where the animal(s) will be housed prior to having any animals placed with me and at any time in the future, as deemed necessary by the animal coordinators.**

- Yes
- No

***3. I acknowledge that FFAS is the sole owner of the animal(s) in my care and hold the final authority over all decisions concerning the animal(s) in my care.**

- Yes
- No

***4. I agree to provide a safe and healthy environment for the animal(s) in my care that allows the animal(s) to get necessary exercise and socialization. I agree to keep the animals confined appropriately for their own safety.**

- Yes
- No

***5. I agree to foster until the animal(s) is(are) adopted or the animal coordinator elects to move it to another foster home.**

- Yes
- No

***6. I agree to provide adequate food and shelter for the animal(s) in my care.**

- YES
- NO
- DOES NOT APPLY

***7. I agree to administer medications that have been deemed necessary for therapeutic or preventative care. I WILL DOCUMENT THE ADMINISTRATION OF SUCH MEDICATION ON THE ANIMAL'S MEDICAL RECORD.**

- YES
- NO
- DOES NOT APPLY

***8. I will try to seek approval from an FFAS coordinator or officer before seeking emergency medical treatment for any animal in my care. Should I have to pay for emergency care, I will provide receipts for reimbursement.**

- Yes
- No

***9. If I purchase any supplies for my FFAS animals, I will provide receipts prior to reimbursement.**

- Yes
- No

***10. I will provide transportation to veterinarian offices, Love a Pet centers, and the FFAS adoption days and events.**

- Yes
- No

***11. If I rescue an animal that has not been screened by one of the FFAS coordinators, I recognize that: a. it might not meet FFAS intake criteria and that it will be my responsibility b. it ABSOLUTELY MUST BE ISOLATED FROM FFAS ANIMALS for ten (10) days c. if it is ill at the time that I rescue it, treatment is my responsibility d. if it brings illness into my home and infects FFAS animals, medical treatment of FFAS animals for this illness is my responsibility**

- Contact FFAS and return the animal directly to them
- Contact FFAS and return the animal for a refund
- Allow FFAS to treat the illness with their veterinarian (adopter MUST contact FFAS prior to any treatment)
- Treat the animal at my expense and assume all responsibility

***12. If I decide to adopt any animal in my care, I agree to pay the normal adoption fee. A discount of that fee may be granted at the discretion of the animal coordinator and the board of directors.**

- YES
- NO
- DOES NOT APPLY

***13. If I no longer wish to foster for FFAS, I will return all equipment provided to me by them.**

- YES
- NO
- DOES NOT APPLY

***14. I will endeavor to keep lines of communication open between myself and officers of FFAS.**

- Yes
- No

***13. I understand that there are no refunds after I have adopted this animal (except as noted in the statement 9 above).**

- Yes
- No

***14. If I was unable to provide an adequate vet reference, I agree to take the dog to the vet within 30 days of adoption and provide proof of purchasing heartworm preventative.**

- YES
- NO
- DOES NOT APPLY

***15. I understand and expressly recognize that, in the event that I breach the terms of this agreement, damages will accrue to FFAS that will be difficult or impossible to calculate. Accordingly, I agree that I will pay FFAS the sum of $500.00 as liquidated damages, and not a penalty, in the event that FFAS demonstrates I breached the terms of this agreement.**

- Yes
- No

Signature

***Foster Parent Signature**

***Foster Parent Signature**

***Today's Date**

Field Check

Field check done by

Today's date
