

DODDRIDGE COUNTY HUMANE SOCIETY, INC.

1286 Wiseman Run Road

Salem, WV 26426

304-782-4900

FOSTER CARE AGREEMENT

The parties hereto agree as follows: The Foster Caretaker ("the Caretaker" or "you") signing below hereby acknowledges receipt from the Doddridge County Humane Society Animal Shelter ("DCHS" or "we" or "us") of the animal(s) described below for foster care, and in accepting this (these) animal(s), and in consideration for being entrusted with the care, custody, and possession of the animal(s), agrees to be bound by the covenants and conditions stated below.

Foster Care Personal Information to be completed:

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Are you at least 18 years of age? _____ Own home? _____ Rent? _____

Does anyone in your family have allergies to animals? (Name and age): _____

Ages of children: _____ Would you like to foster a DOG or CAT ? (Circle one)

Comments: _____

Animal(s) Received:

Intake # and Name

Breed/Sex/Age

Medications/Vaccinations Received

The parties agree that:

1. The Caretaker shall provide the animal(s) with good care in their home including but not limited to: food, water, shelter, outdoor exercise, socializing and playing, transportation to a veterinarian or adoption event, grooming, training, bottle feeding, and medication when required. You are providing the foster care out of your love for animals and as a volunteer at no charge to the DCHS.
2. The animal(s) shall remain the sole property of the Doddridge County Humane Society, Inc.
3. The animal(s) shall be returned to the DCHS upon request by either the organization or by you, if you are no longer able to adequately care for the animal(s), or if you are relocating outside of the Doddridge County area.
4. Agents of DCHS will be allowed to inspect the premises in which the animal(s) will be maintained from time to time for the purpose of determining the suitability of said premises for the care and maintenance of the animal(s).
5. The Caretaker understands and acknowledges that he/she does not have any right or authority to keep the foster animal(s), or to place them in other homes or places with other individuals unless permission is given in writing by the DCHS shelter director.
6. DCHS will provide initial vaccinations and medications for minor existing ailments, and will provide dog/cat food (and litter, if feline) to the Caretaker for use by the fostered animal(s). We will pay all veterinary treatment costs that may be incurred for the animal(s) during the foster care provided that we have given prior approval in writing for such treatments, except in the event of a medical emergency, in which case you will use your best judgment in the matter. You will give us the receipts from the veterinarian for the veterinary care and medicines. Whenever possible, you will use the same veterinarian that initially cared for the animal. The Caretaker agrees that should the animal(s) require extensive medical treatment, the DCHS may request immediate return of the animal(s) and has the right to euthanize the animal(s) for humane reasons.
7. In the event that you wish to adopt any or all of the animals as a household pet for yourself, you must first enter into our Adoption Agreement.
8. The Caretaker is not liable to DCHS for any injuries to, or illness or disappearance of, the animal(s) arising out of the foster care, except if such injuries, illnesses or disappearance are caused by or arise out of your gross negligence or intentional misconduct. The DCHS is not liable for any bodily injury or property damage, losses or injuries whatsoever to you or other persons, or to your or another person's animals and pets, caused by the actions, behavior or health of the animals(s) or arising out of the foster care.
9. The Caretaker agrees to return said animal(s) to the Doddridge County Humane Society Animal Shelter no later than _____ (subject to change if authorized by DCHS personnel).

This contract represents the entire agreement between the parties and any modifications will be made in writing and signed by both the Caretaker and the shelter director.

Executed this _____ day of _____

Signature of Caretaker

Executed this _____ day of _____

Signature of DCHS Representative