

Humane Society of Pagosa Springs -- Foster Care Agreement

PO Box 2230
465 Cloman Blvd
Pagosa Springs, CO 81147
(970) 731-4771 (970) 264-5549
www.humanesociety.biz

I, _____, (Foster Parent), from time to time, hereby agree to foster
(print name)

animals with the Humane Society of Pagosa Springs (HSPS). I agree to be bound by and to comply with all the following terms and conditions of the Foster Care Agreement. I acknowledge that this Agreement can be terminated by either me or HSPS at anytime, with or without notice.

I also warrant that I am at least 18 years of age, the minimum required age as a volunteer.

I am willing to foster the animal types below.

Species	Ages
_____	_____
_____	_____

List up to four pets you currently own:

	<i>Dog or Cat (D/C)</i>	<i>Name</i>	<i>Breed</i>	<i>Age</i>	<i>M/F</i>	<i>Spayed / Neutered (S/N)</i>	<i>Time Owned</i>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

List up to two pets you have owned in the past 5 years, but no longer have:

	<i>Dog or Cat</i>	<i>Name</i>	<i>Age</i>	<i>M/F</i>	<i>Spayed/Neutered (S/N)</i>	<i>Time Owned</i>	<i>Reason No Longer At Home</i>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____

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1. I understand that the Colorado Dept of Ag limits the number of animals in the foster home to **(8 canines, 8 felines)** including the permanent residents. I have the following **number of** permanent canine/feline residents in my home:
_____ Canine _____ Feline
2. I understand that the amount of time needed for home care shall vary from foster animal to foster animal. The time period of fostering shall be as agreed upon between Foster Parent and the HSPS and will be shown on the Animal Foster Home Designation form, to be filled out for each foster animal grouping.
3. I hereby agree and acknowledge that my services as Foster Parent are provided strictly on a volunteer basis. I agree to receive no pay, benefits or compensation, including no charge adoption, of any kind from the HSPS.

4. I hereby agree to perform my foster care in strict compliance with the policies and procedures of the HSPS, complying not only with the letter of these policies and procedures, but also with their spirit. This includes but is not limited to:
- Providing shelter and kind treatment of the animal(s) at all times.
 - A reasonably, continuing effort to monitor the animal(s) to assure proper health so that their possibility for adoption once returned to the HSPS is maximized.
5. I hereby agree to immediately notify the HSPS of any problems in complying with the term and conditions for this Foster Care Agreement. The HSPS reserves the exclusive right to determine the proper course of action to take upon such notification.
6. I hereby understand and agree that the foster animal(s) are the exclusive property of the HSPS. No ownership right whatsoever is transferred due to this Foster Care Agreement.
7. _____ (initials) I fully understand and agree that the disposition of any animal(s) under this Foster Care Agreement is at the sole discretion of the HSPS.
8. **Vaccinations.** I hereby certify that my own pets are currently immunized against the following diseases as applicable.
- My canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis, Adenovirus Type II, Bordetella, Canine Corona virus and Rabies.
 - My Felines are immunized against Panleukopenia, Rhinotracheitis, Calicivirus, Feline Leukemia, and Rabies
9. I fully understand and agree that the HSPS may at its sole discretion render aid and supplies to help in foster care of the animal(s).
10. _____ (initials) No reimbursement will be given to me regarding any expenditure, which I incur for the care and treatment of my foster animal(s).
11. _____ (initials) **The foster home understands and agrees to adhere to all relevant zoning and animal control codes and ordinances, whether local, county or state.**
12. I understand and agree that any breach of the conditions of the Foster Care Agreement shall be cause for immediate cessation of all services herein. The HSPS reserves the right to immediate possession of the foster animal(s).

RELEASE

_____ (initials) I agree to release, discharge, indemnify and hold harmless the HSPS for any and all damage to real property, personal or pets caused by the foster animal(s).

_____ (initials) I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by the animal(s). On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnity and hold harmless The HSPS, its agents, servants and employees from any and all claims, causes of actions or demands, or any nature of cause connected with my Foster Care Agreement. This might include cost and attorney's fees and court costs incurred by the HSPS in connection with my foster care based on damages or injuries which may be incurred or sustained by me in any way. Other such costs connected with my foster services for the HSPS will use reasonable efforts to notify me, but such notification is not a condition of its release for public relations purposes.

Initials _____

_____ (initials) I recognize that I must have prior permission from the HSPS before scheduling any vet appointments or incurring any other expenditure in behalf of the foster animal(s).

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Foster Care Agreement and that I will comply with the same:

NAME: _____ Date _____
Print Signature

ADDRESS: _____

PHONE (s): _____ Email: _____

_____ (initials) If under age 18, the UNDER AGE FOSTER CARE AGREEMENT must be signed and attached.

_____ (initials) If you are not considering adopting an animal the EXTRA ANIMAL INFORMATION FOSTER CARE AGREEMENT must be filled out and attached. Otherwise, fill out an adoption application.

Humane Society of Pagosa Springs Representative: (Receipt of Application)

Signature _____ Date: _____

References:

Please supply Veterinarian and THREE Personal references (one may be a relative)

Veterinarian Name _____ Phone # _____

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Living Space:

☐ Own ☐ Rent

If you rent, provide name and phone of landlord: _____

===== Inspection Certification =====

This hereby certifies that a foster home inspection was completed on the indicated date:

Responsible Party (Foster Home):

Signature _____ Date: _____

Humane Society of Pagosa Springs Representative:

Signature _____ Date: _____

Initials _____