

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

UNDER AGE FOSTER CARE:

If under the age of 18, I shall be under the supervision of my parent/guardian. Parent/guardian shall sign attached waiver with an HSPS staff member as witness.

DOB: ____/____/____ if under 18 years of age.

As a parent or legal guardian of the above named Foster Parent, I hereby give my consent to allow my child/ward to perform foster care for the HSPS as stipulated in this Foster Care Agreement.

I have read this Foster Care Agreement and fully understand its terms and conditions. On behalf of my child/ward and myself, I agree to all terms and conditions as set forth in the Foster Care Agreement, paying special attention to release section herein.

Parent or Legal Guardian	Phone	Date
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Humane Society of Pagosa Springs Representative: (Acknowledgement of Under Age)

Signature _____ Date: _____