

Foster Care Contract

Animal Name: _____	ID No: _____
Breed: _____	Species: _____
Gender: _____	Current Age: _____
Colors: _____	Altered: _____



city of elderly love

As a foster parent volunteer, I agree to the following provisions set forth by the City of Elderly Love, referred to below as the "Organization":

- I am aware that I am agreeing to temporarily foster an older animal and that the specific lifespan for this animal cannot be determined and may be dependent on conditions including, but not limited to: breed-type, size, genetic make-up and overall health.
- I am aware that the Organization took ownership of this animal later in its life and that the complete medical and behavioral history of this animal may not be available. I understand that the Organization cannot guarantee the medical or behavioral health of the animal, and that the Organization will disclose any medical or behavioral history known to the Organization when and if it becomes available.
- I agree that the animal will be kept only as a domesticated house pet. This means that dogs will be kept indoors except for periods of exercise in a fenced-in yard or on a leash no greater than 6 ft. in length. Cats will be kept indoors at all times unless a screened-in porch or similar type of enclosure is available.
- I agree to not bring the foster animal to community off-leash dog parks or allow them to interact with new/unknown pets or children without prior approval from the Organization.
- I agree to comply with all animal-related laws of the State and County in which I reside.
- I agree that the foster animal will always wear an appropriate, safe form of identification and if the animal is lost, I will immediately notify the Organization.
- I agree that if the animal becomes ill or is injured, I will contact the Organization immediately in order to arrange for the animal to receive the necessary veterinary care, to be paid for by the organization. I understand that if I do not inform the Organization before seeking veterinary assistance independently, I may not be reimbursed for those associated costs.
- In the event that I can no longer care for the animal, I agree to provide the Organization no less than seventy-two (72) hours' notice in order for the Organization to coordinate alternate placement.

- I understand that the Organization maintains legal ownership of this animal even after I have taken physical possession.
- I understand that the Organization reserves the right to have the animal humanely euthanized in the event that a licensed veterinarian believes that he/she is no longer able to provide the medical care necessary to alleviate pain, that the animal is suffering, or that the animal no longer has an adequate quality of life.
- I understand that the Organization reserves the right to decide to have the animal humanely euthanized in the event that the animal is deemed unsafe by a licensed veterinarian or the Organization and cannot be placed for adoption to the general public or remain in foster care due to aggression.
- In consideration of the receipt of this animal, I understand, promise and agree to forever release, discharge, indemnify and covenant to hold harmless the Organization, its directors, officers, volunteers, and agents from any and all claims, damages, costs, expenses, loss of service, actions and causes of action arising out of any act or occurrence relating to the above-reference animal, including but not limited to any damages or injury to persons or property which may be caused by this animal, from the present time forward.
- I understand that as a Foster Parent Volunteer, I am considered a representative of the Organization and agree to present the Organization fairly and accurately throughout my time as an active volunteer. Failure to do so may result in my termination as an approved foster parent and volunteer.
- In the event that I do not comply with the terms of this Contract, or the animal is abused or neglected, I understand that Organization holds the right to recover the animal upon demand, and the animal will be returned to the Organization immediately.
- I confirm that I have received and read the City of Elderly Love Foster Care Manual.

Foster Parent Information:

Name: _____	Phone: _____
Address: _____ Apt.: _____	
City: _____	State: _____ Zip: _____
Drivers License Number: _____ State: _____	

Foster Signature: _____ **Date:** _____

COEL Representative: _____ **Date:** _____