Franklin County Humane Society Foster Care Agreement

General Foster Foster with Potential to Adopt	Foster Pending Rescue (Unadoptable)
1. I understand the goals and mission of the Franklin Co Humar volunteer, agree to work toward these goals and to represent th of the organization. My commitment includes abiding by FCHS's document.	his mission within the community on behalf
2. I understand that only FCHS's Foster Coordinator, Shelter Mamake exceptions/changes to program guidelines.	lanager, or the Board have the authority to

- 3. I understand animals in foster care are the property of FCHS and that fostered animals must be returned to FCHS upon request. I understand that FCHS has the right to terminate this foster care agreement and relationship at will.
- 4. I agree to foster for two (2) weeks. If I wish to continue fostering I will return to the shelter with the option to transfer my foster and give another animal the opportunity of being fostered for a 2 week period.
- 5. I agree to scheduled home visits at least once a year. If I wish to foster a Pitbull or Pitbull mix then I agree to a home visit prior to taking the dog into foster care and I understand that I must live in Franklin County.
- 6. I agree to provide proper food, water, shelter, humane treatment, and medical care for the time I am fostering. I will keep identification on my foster(s) at all times. I understand that all cats will be fostered indoors. Dogs cannot be chained or tied out unattended for any extended period of time but can have outdoor living quarters in a fenced enclosure that is deemed suitable by FCHS. If living outdoors then dogs must to be allowed the opportunity for daily exercise and socialization outside of the enclosure.
- 7. I agree to return the animal to FCHS if I am no longer able or willing to care for it, by first contacting the Foster Coordinator.
- 8. I understand that if I, as a foster parent, want to adopt any of my foster(s) then I must go through the standard process. I also understand that I cannot directly send my foster(s) to an adoptive or potential adoptive home, I must go through the shelter. Furthermore, I understand that I must have permission from the Foster Coordinator before sending my foster(s) to another approved FCHS foster home.
- 9. I understand that fosters need to be taken to FCHS's on-site Veterinarian for any medical care. It is my responsibility to notify the Foster Coordinator of any and all medical needs of my foster pet. FCHS funds all medical care, however, if there is an event of a medical emergency after hours or on the weekend, vetting approval is needed by the Foster Coordinator, the Shelter Manger, or a Board Member and **only** if the medical care is provided at a FCHS approved veterinary clinic. I understand that if I choose to take my foster(s) to a non-approved veterinary clinic, or if I take my foster(s) to an emergency veterinary hospital without prior approval, FCHS will not reimburse me for the expenses incurred. Furthermore any expenses incurred for supplies such as cat litter, food, leash, etc., are considered a donation and are tax deductible. I also understand that such expenses cannot be applied toward adoption fees should I adopt my foster.
- 10. I understand that there is a possibility of health or injury risk when caring for foster animals. Not only from biting incidents but also Zoonotic diseases. These are diseases that are transmitted from animal to human. Common transmissible diseases are: ringworm, mites, fleas, mange and less frequently roundworm, tapeworm, coccidia, or giardia. It is suggested that new foster animals should be kept separate from personal pets for at least a week. I also understand that pregnant women and people with

suppressed immune systems need to be aware that a parasite sometimes found in feces could cause toxoplasmosis. Special care needs to be taken if such persons plan to come in contact with used litter pans, feces, etc. I will not hold FCHS liable for any injury or illness, whether to the humans or animals in my home, which may result from my foster activities.

- 11. I agree to drive my foster(s) to adoption events, when feasible, as well as promptly return animals ready for adoption, vet care, or rescue as scheduled. Foster homes that bring their foster animals to adoption events are encouraged to stay as long as possible in order to provide information to potential adopters. Adoptions are handled on a case-by-case basis and every effort is made to match animals with homes that meet their specific needs. Foster homes help immensely in this process by providing information regarding an animal's personality, training, time requirements and other needs.
- 12. I understand that if I need to leave town during my foster period that I will need to give a substantial notice, when possible, to the Foster Coordinator so other arrangements can be made for my foster animal(s).
- 13. I agree to provide documentation that my personal pets are current on their inoculations and are spay or neutered. I agree to keep my personal pets up to date on inoculations as well as flea treatment during my volunteer foster activities.
- 14. I understand that FCHS shall be entitled to immediate possession of the fostered animal(s) if any of the above stipulations are not met or any information provided is found to be false.

The FCHS cannot guarantee the health or temperament of the animals placed in foster care. The FCHS, its past, present, and future officers, directors, agents, employees, and volunteers shall not be held responsible for any defects and/or illness, which the animal may have or may develop, and for any damage or injury caused to any person or property which may be caused by the animal.

I, the Foster Parent, agrees to release and hold harmless the Franklin County Humane Society, its past, present, and future officers, directors, agents, employees, and volunteers from and against any and all attorney's fees and damage or any damage or injury to any person or property which may be caused by the animal and or/arising out of and/or in connection with the animal(s).

I certify that I have read, understood, and agree with this Foster Care Agreement.

Printed Name	Signature	Date
FCHS Staff/Representative	Date	
Name(s) of foster(s) sent to foster home on the	is date	
ID:		
ID:		
ID:		