

**HULL SEASIDE ANIMAL RESCUE (HSAR)
FOSTERING AGREEMENT FORM**

**ALL FOSTER PLACEMENTS ARE SUBJECT TO APPROVAL
AND ARE AT THE SOLE DISCRETION OF HSAR.**

The parties hereto agree as follows: signing below hereby acknowledges that HSAR will be the temporary Foster Caretaker 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.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Mobile Phone: _____ Email Address: _____

Animal(s) received:

<i>Type of Animal/Name</i>	<i>Intake Date</i>	<i>Breed/Sex/Age</i>	<i>Medical Condition</i>

The parties agree that:

1. HSAR shall provide the animal(s) with good care, including, but not limited, to food, water, shelter, grooming, training and medication when required.
2. The animal(s) shall be returned to the owner upon request by said owner (or to a third party, when accompanied by written letter authorizing HSAR to release animal to third party), or if the Foster Caretaker is no longer able to adequately care for the animal(s).
3. Agents of HSAR will be allowed to inspect the premises in which the animal(s) will be maintained or are maintained, from time to time, for the purpose of determining the suitability of those premises for the care and maintenance of the animal(s).
4. The Foster Caretaker understands and acknowledges that she/he does not have any rights or authority to keep the foster animal(s) or to place foster animal(s) in other homes or places with other individuals unless permission is given in writing by the owner of said animal.
5. The Owner agrees that the animal should be neutered/spayed and up to date on its vaccinations. If the animal is not neutered/spayed or up to date on its shots, the Foster Caretaker will arrange to have these matters attended to and the Owner will agree to pay in advance for the cost of such treatment(s).
6. The Owner agrees that should the animal(s) require urgent medical treatment, the HSAR Foster Caretaker will try consult with the Owner immediately to determine the best course of action. The Owner will need to pre-pay for the treatment, based on the estimate received from the veterinarian. If the Owner and the Emergency Contact person is unreachable, the Owner agrees to let the HSAR Foster Caretaker make a medical decision for the animal based in their absence.
7. In the unfortunate event that the animal(s) become ill during foster care as to warrant humane euthanasia, the Foster Caretaker will notify the Owner (or Emergency Contact – if Owner not available) immediately, before having the animal(s) euthanized and supply the Owner with medical documentation from her/his veterinarian

verifying euthanasia and the reasons for euthanasia. The Owner will be responsible for any associated veterinarian costs.

8. The Owner agrees to defend, indemnify and hold the HSAR harmless from any direct or remote and consequential damages arising out of this foster care arrangement.
9. The Owner will retrieve their animal no later than _____ (subject to change if agreed upon by both the HSAR Caretaker and Owner). If the Owner cannot retrieve their animal at this time, a new agreement will need to be negotiated accordingly. Retrieval of the animal is subject to the schedule of the HSAR Caretaker and at least 24 hours' advance notice must be given prior to retrieving said animal.
10. The Owner will make a tax-deductible donation in the amount of \$_____ to cover the cost of fostering said animal(s) from _____ to _____. If the animal(s) are left in the care of the HSAR Foster Caretaker beyond _____, the Owner agrees to make an additional donation of \$_____ for every week that the animal(s) remain(s) under the care of the HSAR Foster Caretaker.
11. By signing this agreement, the Owner acknowledges that if he/she cannot retrieve their animal by the agreed-upon retrieval date, the HSAR may opt to put the animal up for adoption.

This contract represents the entire agreement between the parties and any modifications will be made in writing and signed by both the Owner and a representative of the HSAR.

I am/am not (please circle one) the owner of the animal(s) described. By signing below, I acknowledge that all decisions regarding the care-taking of this animal(s) are at the sole discretion of the Hull Seaside Animal Rescue. I understand that the Hull Seaside Animal Rescue cannot make any guarantees regarding the disposition of this animal, nor is there any minimum holding period. I understand Hull Seaside Animal Rescue's policy statement on the care-taking of animals. To my knowledge, the animal(s) has/has not bitten anyone in the last ten (10) days.

Owner:

Executed this _____ day of _____

Signed: _____ Print Name: _____

Emergency Contact Name/Phone number: *(Person who can authorize decisions if you are unreachable):*

HSAR Representative:

Executed this _____ day of _____

Signed: _____ Print Name: _____