



K-9 Foster Care Agreement

Approved by _____
Date Approved _____

Date _____

Foster Parent name _____

Mailing Address _____

Physical Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

As a foster care provider for the Mountains' Humane Society, I agree to the following:

Please initial each statement, indicating that you have read, understood and agreed to)

- _____ I fully understand that the animal(s) shall remain the sole property of the Mountains' Humane Society.
- _____ I agree to return said animal(s) upon request if I am no longer able to care for them adequately.
- _____ I agree to provide the animal(s) with good, loving care, including, but not limited to food, clean water, shelter and medication (when required).
- _____ I understand and acknowledge that I do not have any right or authority to keep, place or adopt out my foster animal(s) in other homes or with other individuals without MHS approval.
- _____ I certify that my own pet(s) are currently licensed and up to date on their vaccinations (including rabies).
- _____ I agree to keep my pets separated from the foster pet(s) for at least 10 days. If the foster pet(s) is/are incubating an illness, this separation will minimize the chance of my pets getting ill.
- _____ Should my foster pet(s) become ill, I agree to immediately call MHS and transport my foster pets to the designated veterinarian as soon as possible.
- _____ I will instruct any interested parties (including myself) to contact MHS for an adoption application.
- _____ I will transport my foster pets to and from MHS public events.
- _____ I am willing to assist with home visits of prospective adoptive homes.
- _____ I will not publicize my foster pet(s) on any internet websites or post any flyers.
- _____ I will notify MHS within a reasonable amount of time when I am planning to vacation, so another foster home, pet sitter or boarding arrangements can be made for my foster pet(s).

By my signature below, I accept full responsibility for any and all damages or injury that may be incurred during foster care for Mountains' Humane Society. Liabilities include, but are not limited to: claims, legal actions, losses, injuries, damages, costs, expenses or any liabilities whatsoever in connection with my fostering one or more MHS animals. I hold harmless the Mountains' Humane Society including its officers, directors, volunteers and employees from any and all damages or injuries incurred during foster care. I certify that I have read and fully understand all of the provisions of the above contract and agree to abide by them completely.

Signature _____ Date _____

Foster Care Guidelines

To be kept by foster parents

Veterinarian Appointments: If your foster pet is in need of a vet appt., you must first call Karin at (909) 337-6422 and let her know that the pet needs vet attention. Karin will then call in an authorization for payment. You will then need to make an appointment with the vet office that Karin refers you to.

Adoptions: You must contact Karin if you have any interested parties in adopting the pet. An adoption application MUST be filled out and submitted. In most cases, a home visit appointment will be arranged, and if needed, another MHS volunteer will go with you. You are NEVER to place a pet in anyone else's home until the adoption is approved by MHS.

Adoption Events: You must be able to transport the pet(s) to our events. If at all possible, we appreciate your presence; most prospective owners want to know specifics about the pet(s), and the foster parent is the best person to answer those questions.

Supplies: MHS will provide you with all the necessary items for the pet(s). PLEASE do not go shopping for items until you have emailed your request to us. There is a good chance that we have that item already in stock. If this is an item we already have in stock, we will make arrangements for you to get it. If it is not an item we have, then we will get details and make arrangements to get it.

Vet Records: It is VERY important that we maintain accurate medical records of our adoptable pets.

At Rimforest animal hospital, there is a folder in their wall slot for Arlene (MHS records). IF the office worker gives you any medical records, PLEASE ask them to place them in the folder for Arlene.

If you are at a different vet office, and they give you medical records, PLEASE mail them to MHS immediately.

If your foster pet already has a name when you pick it up, PLEASE do NOT change the pet's name! This is a medical paperwork nightmare!

DO NOT have the foster animal(s) put under your name; the files must remain under MHS' name

When you take your foster pet to ANY vet appointment, you MUST email us immediately afterwards and let us know what procedure was done (vaccines, spay/neuter, tests).

Fostering lengths: We cannot tell you how long you will be fostering the pet(s). Sometimes foster pets are with us for days, weeks, months and some for years. If for some reason you can no longer foster for us, we will need adequate time to locate another foster home to take your foster pets. This can take weeks to do, as usually our foster homes are full.

Questions? If you have any questions or come across an issue which you are not sure how to handle, please email us so we can advise you.