



## FOSTER CARE AGREEMENT

The Foster Family agrees to foster the following animal (hereinafter called, "dog") for Pets for Patients.

Name/Breed \_\_\_\_\_ Approx. Age \_\_\_\_\_ Color/  
Markings \_\_\_\_\_ Sex \_\_\_\_\_

As a Foster Family, I/We agree to the following:

1. To allow a representative of Pets for Patients to visit my premises to insure the terms of this agreement have been kept.
2. The dog will be provided with adequate fresh food and water, clean and dry shelter when outside, and daily exercise.
3. To keep a safe collar with rabies and I.D. tags to be worn at all times.
4. To obey all applicable laws governing control and custody of animals.
5. To foster the dog as a family companion only.
6. The dog is not to ride unsecure or to be left in a car during unsafe temperatures.
7. The Foster Family agrees to have a clean, secure fenced area for the dog. If a fenced enclosure is not available, Foster Family agrees to leash walk dog.
8. Foster Family agrees to bring the dog to veterinary appointments or allow for Pets for Patients to make arrangements to make alternative transportation to get them to the appropriate appointments.
9. Foster Family understands that Pets for Patients retains legal control of the dog and is not authorized to make any legal or medical decisions on his/her behalf.
10. Foster Family agrees to allow potential families that Pets for Patients has approved to meet the foster dog at a reasonable location for all parties.
11. Foster Family agrees to respond to Pets for Patients or their representative within 8 hours concerning the dog and/or potential families.
12. Pets for Patients makes no guarantees or statements regarding the dog's age, breed, health, or temperament. While the rescues we pull from make every effort to provide accurate history and assessment of the dog, we are not able to guarantee the dog's age, breed, medical status, behavior or disposition. We will available for consultation, advice and assistance at any time pertaining to the health, training and compatibility of the dog.
13. All medical expenses that are approved by Pets for Patients and treated through our approved veterinary office will be covered by us. If you take our dog to your personal vet, it will not be covered.

14. Foster agrees to release Pets for Patients and its members or representatives of any and all possible claims arising from injury or damage caused by the dog to any person or property.

As a Foster Family, I/We agree to release Pets for Patients and its representatives of any liability arising from our duties as a Foster Family, from this date forward.

I/we agree to abide by the foster conditions, and I/we have read and fully understand that Pets for Patients may repossess this dog at any time if the foster conditions are violated or the dog is felt to be in danger for any reason.

This foster contract is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between Pets for Patients of Cincinnati, OH and

Foster's Full Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Foster's Signature \_\_\_\_\_

Foster's Signature \_\_\_\_\_

Pets for Patients Representative's Signature \_\_\_\_\_