

FOSTER AGREEMENT

OWNER NAME:

FOACAS (Friends of All Critters at Shelters, Inc.)

Address: 9221 Bells Mill Road

Potomac, Maryland 20854

Cell Phone: 301-529-1059 email: campj1222@gmail.com

FOSTER PARENT NAME

Full Name (s): _____

Address: _____

Identification (Driver License ID): _____

Cell Phone: _____ Email: _____

Foster Animal: Any of the FOACAS dogs given to the Foster Parent for temporary homing prior to adoption.

I, the undersigned (Foster Parent), agree to keep the Foster Animal secure, and return them to FOACAS when requested to do so. The Foster Animal must be kept in a fenced yard and/or kept inside the home. It is understood that the Foster Animal could be a flight risk, the Foster Animal is never to be off leash when not in a secure environment.

The Foster Parent will:

- A. provide food for the Foster Animal.
- B. be available within 2 hours by phone or text, understanding that communications with FOACAS is always critical.
- C. shelter and provide exercise for the Foster Animal, including providing a place for the Foster Animal to sleep (generally anywhere the animal wants to sleep).
- D. transport to and from medical appointments (all approved medical costs will be paid for by FOACAS).
- E. make the Foster Animal available for potential adopters at reasonably convenient times.

In general, the Foster Parent will care for the Foster Animal as if the Foster Animal were their own pet.

I hereby release FOACAS and its agents from all claims that I might have from any injury or damage that I should sustain while assisting FOACAS.

I certify that I have never been convicted of animal cruelty, neglect or abandonment of an animal or any related criminal charge in Maryland or any other state.

The Foster Parent and Owner further understand and agree that the Owner of Foster Animal will retain ownership and will make all decision regarding the adoption of the Foster Animal(s). Foster Parent agrees to release Foster Animal back to the Owner upon demand.

Foster Parent

_____ Date: _____

print name _____

Foster Parent

_____ Date: _____

print name _____

_____ Date: _____

FOACAS