



Foster Care Contract

Personal Information:

Name:

PSC Address:

Physical Address:

Home Phone:

Email Address:

Rotation Date:

Please write Yes (Y) or No (N) for the following. I AM ABLE TO FOSTER:

A CAT:

A DOG:

OTHER (please specify):

An animal with special needs (permanent injury or medical problems):

A senior animal:

How many animals are you able to foster?:

PLEASE HELP US GAIN A BETTER UNDERSTANDING OF YOUR HOME:

Number of occupants:

Number of children (and age):

OTHER PETS:

Cats How many? Ages:

Dogs How many? Ages:

Do you live in a single home?

An apartment?

Do you have fencing?

Are all your pets current on vaccinations?

Are all your pets spayed/neutered?

DO YOUR PETS GET ALONG WITH OTHER ANIMALS? IF SO, PLEASE BOLD THE CHOICES BELOW:

Cat

Dog

Small Animals

Other

How would you correct your rescue if he/she had an accident in the house?

Would you like to accompany the Adoption Committee on the follow-up visit after you rescue has been adopted? Yes No

Please list any additional comments or suggestions that might help OAARS match you with the right animal.

TERMS OF AGREEMENT

I understand that OAARS will not be held responsible for any accidents that might occur while the animal is in my care (i.e. bites, scratches, or any other injury to myself, my family members, visitors, friends, and/or any other animals in my home). OAARS is a no-kill rescue group; aggressive dogs will be placed in the OAARS & Friends No-kill Shelter (O & F).

I promise to take care of this animal to the best of my ability. I **WILL NOT** leave my rescue outside for more than two hours at a time. I will give them protection from the weather, give them lots of love and attention, seek medical help as needed, and schedule veterinary appointments for shots, spaying/neutering, or for any conditions the animal may be afflicted with.

I will not switch foster families with other foster families unless OAARS has been notified. I will not adopt this animal out without the proper procedures and screening of the adopting family by the Adoption Committee.

I understand that in emergency placements, these animals might not have been checked by a veterinary doctor and I will coordinate with OAARS and the vet clinic for a check up and initial shots for the animal.

I will give a 30 day notice when it comes time for my PCS move and I am unable to transport my rescue to a shelter of OAARS acceptance. I will not take my rescue to Karing Kennels, Ozato, or any other establishment of the sort if a situation arises. OAARS will find adequate care either in O & F or another foster home if I am unable to fulfill this commitment. I understand the need for foster care is great and will be patient with the Foster Coordinator in finding my rescue a new home.

OAARS can terminate this agreement and remove the animal if the conditions above are not met. The primary concern of OAARS is the welfare of the animals.

Signature of Applicant

Date