



2501 N. Weaver St.
Gainesville, TX. 76241
Ph.# 940-665-9800
noahsarktx@yahoo.com

FOSTER AGREEMENT

I, _____(name) understand that animal(s) I foster remain the property Of Noah's Ark SPCA. I accept all liability for all damage(s) caused by the foster animal(s) while in my care.

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell phone: _____

I agree to provide the foster animal with suitable living conditions, fresh food and water, medication (if necessary) playtime and socialization. I give permission to Noah's Ark SPCA representative to inspect the animals living conditions at any time.

I understand that if the animal(s) that I foster are less than six weeks of age, they must have their two sets of vaccinations before returning to the shelter for adoption.

I agree to vaccinate my own animals for the following diseases before fostering:

Dogs: Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster) Bordetella, Rabies and are free of parasites.

Cats: Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster) Feline Leukemia and are free of parasites.

If I choose not to vaccinate my animals, I understand that Noah's Ark SPCA will not be responsible for any illness that occurs related to non-vaccinated animals.

I understand that all foster animal(s) must be scheduled for needed medical treatment (altering, vaccinations, microchip, testing, etc.) with a Noah's Ark SPCA approved veterinarian.

I agree to notify Noah's Ark SPCA within 24 hours of any major change in the foster animal's health or if the animal becomes lost.

I understand that no reimbursement by Noah's Ark SPCA will be given to me regarding any expenditure, which I incur for the care and treatment of the foster animal(s) that was not approved in advance.

I agree to bring my foster to adoption events or agree to allow my foster to be transported to an adoption event if I am unable.

I understand that the foster animal(s) may be deemed unsuitable for adoption and/or may be euthanized at any time during this foster period.

I understand that I must return the animal(s) at the end of the foster period or at any time prior to that date, if requested by a Noah's Ark SPCA representative.

I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case, Noah's Ark SPCA will take immediate possession of any fosters in my care.

I, (name) _____ confirm that the information provided on this agreement is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to Noah's Ark SPCA policies and carry out my duties as a Noah's Ark SPCA foster effectively. I give my permission to Noah's Ark Animal Shelter to verify any of the information given.

Foster Parents Signature: _____ Date: _____

Indemnity

I agree to release, discharge, indemnify and hold harmless Noah's Ark SPCA, including its agents and employees, for any personal injuries or damages to my property while performing my duties as a Noah's Ark SPCA foster.

I recognize that in handling animals there exists a risk of injury and physical harm caused by handling animals. On behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless Noah's Ark SPCA, its agents, volunteers, and employees from all claims, causes of action or demands, or any nature of cause connected with my Noah's Ark SPCA foster service.

Signature: _____ Date: _____