

FOSTER VOLUNTEER

Name: _____

Address: _____

Phone Number: _____ Other: _____

Email: _____

Have you fostered before? **Yes | No**

What can you provide? _____

Do you have any medical conditions? _____

Does anyone in your household smoke? **Yes | No**

If yes, do they smoke in the house **Yes | No**

If a home visit were required (Pre and Post), would you object? **Yes | No**

I UNDERSTAND THAT I AM A FOSTER AND THE KITTEN/CAT/PUPPY/DOG/RABBIT/OR OTHER ANIMAL IS PROPERTY OF THE ONTARIO RESCUE. THE SAID ANIMAL WILL BE RETURNED ONCE THE RESCUE FEELS IT IS TIME, OR IF FOR SOME REASON THE FOSTER CAN NO LONGER TAKE CARE OF SAID ANIMAL. ALSO, IT IS THE RESPONSIBILITY OF THE FOSTER TO CONTACT THE RESCUE **IMMEDIATELY** OF ANY CHANGES IN BEHAVIOR (SUCH AS NOT EATING,OR POOPING, LATHARGIC, CONSTIPATED, OR ANYTHING THAT FEELS OUT OF THE ORDINARY FOR SAID ANIMAL.)

Signature

Date

Approved By



Species	No. of Animals	Reason	Approximate Foster Length	Placed	Returned

TERMS AND CONDITIONS:

- I hereby acknowledge receiving the above described animal(s).
- I understand that the animal(s) will at all times remain the sole property of The Ontario Rescue (TO Rescue)
- I agree to provide the animal(s) good loving care, including at a minimum: adequate feed, adequate water, adequate shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species and weight, adequate exercise and follow TO Rescue regulations on transportation and veterinary care when needed to prevent suffering or disease transmission.
- I understand that medicines and other supplies provided by To Rescue are for use with foster care animals only, and are not to be administered to animals that are not the property of TO Rescue.
- I understand medication must be administered as instructed, if you do not have enough medication you must contact TO Rescue immediately and pickup more medication(s)..
- I understand that all veterinary care must be authorized in advance by the TO Rescue. I agree to personally incur the cost for any treatment that has not been so authorized.
- **I understand and acknowledge that I do not have any right or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals.**
- **I understand that I must bring animal(s) to TO Rescue each week for check up. If your failure to bring animal(s) for weekly check up results in harm, illness or death you will be responsible for any costs associated from your negligence.** _____ Initials
 I agree that every animal I provide foster care for must be physically returned to TO Rescue by the date set forth below or at any time upon the request of TO Rescue. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
- I agree to provide the appropriate staff members at TO Rescue with the necessary information and materials at any time (such as fecal samples or temperature/weight measurements) to enhance the care that I am providing to the foster animal(s).
- I agree if I must travel (business, vacation) I must notify TO Rescue immediately in order for them to find another foster to care for the animal(s). **Animals are not allowed to travel outside the local area.**
- I agree to hold TO Rescue harmless from any direct or consequential damages arising out of this foster care arrangement.
- I acknowledge that the TO Rescue may terminate this or any other foster care arrangement at any time in its sole discretion.
- I certify that no person residing in the household where the animals will be fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment.
- I understand that if animal(s) are taken from foster home by any governing Human Society within the fosters city ordinances those impoundment fees must be paid by foster care provider.

I AGREE TO THE TERMS AND CONDITIONS OF THIS CONTACT.

Please print name (foster care provider)

Day and Evening Phone Numbers

Signature of foster care provider

Date

Signature of TO Rescue Staff Representative

Date

Items loaned/given to foster: _____

Special Instructions: _____
