

Fauquier SPCA, Inc. Foster Care Contract



Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Address _____
City _____ State/Zip _____
Email _____

To insure that this Foster Home Placement is in the best interests of both you and the animal, we ask that you carefully read the following and sign below.

1. I certify that my own pets are currently licensed and up to date on their vaccinations, including rabies.
2. I agree to keep my pets separated from the foster animals for at least 14 days. If the foster animals are incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. I agree to keep the foster animals indoors unless accompanied outside by myself.
4. Should the foster animals become ill while in my care, I agree to call the shelter to discuss care options. Any charges that may incur through a private veterinarian will be at my expense. Deworming and vaccinations that are required during foster time will be provided by the shelter.
5. I fully understand that the foster animal is the property of the Fauquier SPCA. I agree to abide by all decisions made by the shelter manager regarding the return and/or disposition of my foster animals.
6. I agree to make an appointment to return kittens to the Fauquier SPCA for spay/neuter surgery once the kittens are 3 lbs. in weight and at least 8 weeks old.
7. I agree to maintain weekly contact with the shelter manager to provide update reports of the foster animal(s).
8. I understand that the Fauquier SPCA is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
9. The Fauquier SPCA is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal(s).

Signature: _____ Date: _____

Fauquier SPCA approving representative: _____ Date: _____