

523 S. Chestnut St. La Crescent, MN 55947 608-895-2066

Website-www.lacrescentanimalrescue.com

Email-info@lacrescentanimalrescue.com

CAT FOSTERING AGREEMENT

| Name | | | | | |
|--|---------------|------------|-------------------|-------------------------|------------------|
| Address | | | | | |
| City | State | _ Zip Code | | | |
| Email | | | | | |
| Phone# | | | | | |
| Do you currently have any cats | or dogs in yo | our home?Y | esNo Nar | mes of pets | |
| Are they spayed/neutered? | YesNo | Are they u | p to date on vacc | cines?YesNo | |
| Where do you vet your animals | ? | | | May we contact your vet | t?YesNo |
| If so, how many? Cats: | Ages:_ | | Dogs: | Ages: | |
| Do you have any experience for | stering cats? | Yes | No | | |
| If so, please explain: | | | | | |
| This is an animal fostering agreed Please read the following careful | | | | and La Crescent Anima | al Rescue (LAR). |
| La Crescent Animal Rescue's Fos program is to provide a safe and the animals. | | | | C | |

LA CRESCENT ANIMAL RESCUE RESPONSBILITIES:

- 1. An examination by a veterinarian certifying that the animal is up to date on all vaccines and dewormed.
- 2. During the fostering time, LAR will provide the following for the foster animal.
 - a. Food, litter and treats
 - b. Carrier/crate
 - c. Toys, blankets and dishes.
 - d. Any veterinarian care or medical supplies that are needed for the animal.

FOSTER PARENT RESPONSIBILITIES:

- 1. Provide a safe, loving, temporary home for the animal along with the patience and training expected for one's personal pet.
- 2. Provide access to food and water.
- 3. Provide a safe indoor environment.
- 4. Foster parent will call LAR if the foster animal is sick, injured, or any changes in the animal's health or condition are observed. However, the foster parent must be able and willing to nurse any injury or illness.

- 5. If leaving town or unable to care for the foster animal, the animal must be returned to LAR. Please call as soon as you know of such a situation so that we can arrange for the animal's continuing care. While it is acceptable for a spouse to care for the animal. DO NOT relinquish care to a friend, relative, pet sitter, etc. The shelter welcomes suggestions for substitutes, any substitutes MUST be approved by LAR.
- 6. Notify LAR immediately if a foster animal gets lost.

While the animal is in foster care, LAR will continue trying to find a permanent home for the animals. Foster parents cannot promise animals to ANYONE, but LAR welcomes suggestions for permanent homes. Foster parents will be given first chance to adopt their foster animal, provided they meet the basic adoption requirement.

| control of the | e animal (s) in my care unti | have read, understand, and escue. I understand that I am personally ill returned to LAR. I understand that LA egarding the ultimate disposition of the | AR retains ownership of all animal | treatment, and |
|-------------------------------------|--|--|--|--------------------------------|
| medical cond | dition. I understand that my | g in LAR's foster program I may received personal pets may contract illnesses partiable for any conditions my personal p | assed on from the foster animal an | - |
| Foster Home | e Program. I do understand | understand and will adhere to all terms, that if, at any time, I cannot fulfill these mutual agreement, end my tenure as a | e terms, conditions, policies and p | |
| | | day of th La Crescent Animal Rescue. | and is in effect as long as t | he Foster |
| Liability | Waiver | Ι | hereby ag | ree to |
| any and all li my child(ren I | iability arising from or in control (a) fostering an animal for La | have not been convicted of po neglect and / or battery toward an anim | result of any activity connected w ssession and/or intent to sell any i | ith myself or illegal drugs no |
| Foster Pa | arent (s): | | | |
| Signature: _ | | I | Date: | |
| Signature: _ | | | Date: | |
| LAR Rep | presentative: | | | |
| Signature: _ | | | Date: | |
| Referenc | ees: (Cannot be a family r | nember or relative.) | | |
| 1. | Name: | Phone Number: | Cell: | |
| 2. | Name: | Phone Number: | Cell: | |
| | | | Davisad | 6/22/2020 |