

Have A Heart Pet Shelter

4291 HWY 62E, Flippin, AR.
(across from Ozarks Realty)
Phone: (870) 449-PETS (7387)



Have A Heart Foster Care Agreement

The parties hereto agree as follows: The Foster Caregiver (the "Caregiver" or "you") signing below hereby acknowledges receipt from the Have A Heart Pet Shelter ("HAHPS/we/us"), of the animal(s) described below for foster care. The Caregiver, in accepting this (these) animal(s), and in consideration for being entrusted with the care, custody, and possession of the animal(s), agrees to be bound by the covenants and conditions stated below.

Foster Caregiver Personal Information

Date: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Animal(s) Received - If more than two, use an additional page to list important information.

Intake # and Name	Sex(Spayed/Neutered?)/ Breed/Est. Age	Medications/Vaccinations Received

The parties agree that:

1. THE FOSTER CARE

The Caregiver shall provide the animal(s) with good care in their home, including, but not limited to, water, shelter, outdoor exercise, socializing and playing, transportation to a veterinarian or adoption event, grooming, training, bottle-feeding and medication when required. You are providing foster care out of your love for animals, and as a volunteer, at no charge to HAHPS. **(Please see item 6 below.)**

2. OWNERSHIP

As between the Caregiver and Have A Heart Pet Shelter, the animal(s) shall remain the sole property of Have A Heart Pet Shelter.

3. RETURNING FOSTER ANIMAL(S)

The animal(s) shall be returned to HAHPS upon request by either organization, or if you are no longer able to adequately care for the animal(s), or if you are relocating outside the Marion County area.

4. INSPECTION

Agents of HAHPS will be allowed to inspect the premises in which the animal(s) will be maintained or are maintained, from time to time, for the purpose of determining the suitability of those premises for the care and maintenance of the animal(s).

5. PLACEMENT OF ANIMAL(S)

The Foster Caregiver understands and acknowledges that she/he does not have any right or authority to keep the foster animal(s) or to place foster animal(s) in other homes or places with other individuals unless permission is given in writing by the HAHPS shelter manager.

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6. COSTS AND EXPENSES

HAHPS will provide initial vaccinations and medication for minor existing ailments, and will provide dog or cat food and litter to the Foster Caregiver for use by the fostered animal(s). We will pay all veterinary treatment costs that may be incurred for the animal(s) during the foster care; provided that we have given you prior approval for such treatments, except in the event of a medical emergency, in which case you will use your best judgment in the matter. You will give us the receipts from the veterinarian for the veterinary care and medications. Whenever possible, you will use **Animal Clinic of the Ozarks (870-453-7387)** as the usual veterinarian. The Foster Caregiver agrees that should the animal(s) require extensive medical treatment, HAHPS may request immediate return of the animal(s) and may euthanize the animal(s) for humane reasons.

7. ADOPTION BY CAREGIVER

In the event that you wish to adopt any or all of the animal(s) as a household pet for yourself, you must first enter into our Adoption Agreement and fill out the appropriate paperwork.

8. NO LIABILITY

The Foster Caregiver is not liable to HAHPS for any injuries to, illness or disappearance of the animal(s) arising out of foster care, except if such injuries, illness or disappearance are caused by or arise out of your gross negligence or intentional misconduct. HAHPS is not liable for any bodily injury or property damage, losses or injuries whatsoever to you or other persons, or to you or another person's animals and pets, caused by the actions, behavior or health of the animal(s), or arising out of foster care, except if such damage, losses or injuries are caused by our gross negligence or intentional misconduct.

9. RETURNING ANIMAL(S)

The Foster Caregiver agrees to return said animal(s) to HAHPS no later than _____ **(subject to change if authorized by HAHPS personnel).**

This contract represents the entire agreement between the parties and any modification will be made in writing and signed by both the Foster Caregiver and the shelter manager or the Foster Care Coordinator.

Foster Caregiver:

Have A Heart Pet Shelter:

Executed this _____ day of _____

Executed this _____ day of _____

Signed: _____

Signed: _____

HAHPS Representative

FOR OFFICE USE ONLY - APPLICANT INFORMATION

At least 18 years of age? _____ Own Home? _____ Rent? _____ Other? _____

Anyone in your family have allergies to animals? _____ Ages of children: _____

What other animals do you have in your home? _____

Would you like to foster a dog or a cat? _____ Email: _____

Comments: _____