



# FOSTER CARE AGREEMENT

\_\_\_ 1. I understand that the animal I am fostering may have come from a situation where regular vet care, training, and socialization were not adequately provided. I understand that the City of Lufkin Animal Control cannot accurately assess the temperament, behavior, or health of said animal because of this.

\_\_\_ 2. I understand that the City of Lufkin Animal Control has not received an accurate assessment of known and unknown behaviors. By initialing and signing this document, I am releasing the City of Lufkin and its officers, directors, employees, and agents from any liability associated with medical or property damages caused by the animal I am fostering.

\_\_\_ 3. I assume responsibility for any accidental animal bites or other injuries to humans and other animals by the animal(s) in my care. Furthermore, I am releasing the City of Lufkin and its officers, directors, employees, and agents from any liability, claims or suits filed by someone as a result of accidental injury caused by the animal(s) I am fostering.

\_\_\_ 4. I understand that the animal(s) I am fostering belong to the City of Lufkin, and that the animal(s) I am fostering are temporarily in my care. I will, at no time, claim, assume or transfer ownership of the animal(s) I am fostering.

\_\_\_ 5. I agree to adhere to all state and local animal laws for the animal(s) I am fostering and animal(s) in my care.

\_\_\_ 6. I understand that I must contact the City of Lufkin Animal Control immediately if any animal in my care begins to have medical or behavioral issues.

\_\_\_ 7. I understand that I must return all animals in my care to the City of Lufkin Animal Control when requested. I am responsible for contacting the shelter if extenuating circumstances are going to prevent the animal(s) from being returned at the appropriate time.

\_\_\_ 8. I understand that if I am contacted by the City of Lufkin Animal Control, I am obligated to respond in a timely manner.

\_\_\_ 9. I understand that I must provide adequate food, water, shelter, socialization, and humane care to any and all animals while they are in my care.

\_\_\_ 10. I understand that the City of Lufkin Animal Control cannot provide medical care, other than vaccinations and deworming, while the animal(s) are in foster care. If I choose to take the animal(s) to a veterinarian while they are in my care, I am solely responsible for the costs incurred. The City of Lufkin Animal Control will not reimburse vet costs.

\_\_\_ 11. I understand that if necessary medical care arises with a foster animal in my care, and I am unable to provide that care, I must return the animal to City of Lufkin Animal Control. I understand that it will be at the sole discretion of the City of Lufkin Animal Control as to if the animal is treated, transferred, or euthanized.

\_\_\_ 11. I understand that if I decide to adopt an animal that I have in foster care, I must fill out an application, have it approved and pay the adoption fee.

\_\_\_ 12. I understand that if I borrow equipment (heating pads, carriers, etc.) I will return it in a timely manner at the point of my foster animal's return. If I fail to respect this, I will be responsible for the expenses incurred from the lost equipment.

\_\_\_ 13. I understand that this document represents a legal contract between me as the foster and the City of Lufkin Animal Control. I must abide by this agreement and understand that this agreement applies to any and all animals that I foster through the City of Lufkin Animal Control.

By signing below, I acknowledge that the information I provided to the City of Lufkin Animal Control is correct to the best of my knowledge.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Foster Animal ID#s \_\_\_\_\_

Equipment borrowed: \_\_\_\_\_

Staff releasing animals: \_\_\_\_\_ Approved by: \_\_\_\_\_