Fostering Contract

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am fostering a shelter animal (s), that came from a home or another shelter. All animals in the shelters have been exposed to shelter related illnesses. These illnesses include, but are not limited to; upper respiratory infection, coccidia, giardia, demodex mange, ringworm, intestinal parasites, parvo, kennel cough and skin infections. Some of these can be transmitted to people and other animals. By signing this waiver, I acknowledge that the Northeast Ohio SPCA will not be responsible if I, my pets or my family members contract one or more of these illnesses.

I understand that the veterinarians at the Northeast Ohio SPCA are to be contacted with any medical concerns I may have with my foster animal (s) (int) \_\_\_\_\_\_\_\_.

All foster pets have been examined by a staff veterinarian and appear to be healthy. However, many illnesses can be incubating and not detectable at first exam.

I have been informed to keep any and all foster animals away from my own pets for at least two weeks.

I am aware that the animal (s) I am fostering belong to the Northeast Ohio SPCA and that fostering any animal (s) does not imply ownership or fosters (int) \_\_\_\_\_\_\_\_.

I understand that the Northeast Ohio SPCA can ask for my foster animal (s) to be returned to the shelter at any time. ( int) \_\_\_\_\_\_.

I understand that the Northeast Ohio SPCA will provide everything I need for the foster animal (s\_ during the time I have the animal (s)and that I will not be reimbursed by the Northeast Ohio SPCA for any supplies I purchase while the animals are in my care (int) \_\_\_\_\_\_\_\_\_.

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Foster Agent Signature Date

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Northeast Ohio SPCA Representative Date