



Foster Care Agreement

194 Shepard Road
Waverly, NY 14892
(607) 565 - 2859

StrayHavenHumaneSociety.org

I, _____, agree to foster

starting _____ until adoption /return to Stray Haven on the date of _____. My fostering goal for this animal is socialization, health improvement, age progression, or _____. I agree to accept responsibility for this animal for the entire time period they are in my care. I agree to bring the aforementioned animal back to Stray Haven Humane Society & SPCA for any necessary medical treatments and for alteration.

Stray Haven Humane Society and SPCA is released from liability in the event that any accident or injury may occur, which includes any contact with any animals or family members in the household.

Signature: (Foster) _____ Date: _____

Signature: (Shelter Representative) _____ Date: _____

Foster Contact Information:

Name: _____ Phone: _____

Physical Address: _____

Email Address: _____

Secondary Contact:

Name: _____ Phone: _____

Shelter Contact in the Event of an After Hours Emergency:

Name: _____ Phone: _____