



The Animal Interest League and Sanctuary  
 720 W 4<sup>th</sup>. St.  
 Delta, CO 81416  
 970-874-1078  
 website: [tailsonline.org](http://tailsonline.org)  
 email: [tailsadoptions@gmail.com](mailto:tailsadoptions@gmail.com)

## Foster Care Contract

<b>Pet Name:</b>		<b>Description:</b>	
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### Terms and Conditions:

- I understand that the foster animal(s) will at all times remain the sole property of TAILS.
- I certify that my household is in compliance with local zoning requirements and animal control codes.
- I agree to provide the animal(s) good loving care, including at a minimum: adequate feed, adequate water, adequate shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species and weight, adequate exercise and veterinary care when needed to prevent suffering or disease transmission.
- I agree to notify TAILS if medical attention is required and, if approved, I agree to use a TAILS approved veterinarian.
- I understand that medicines and other supplies provided by TAILS are for use with foster care animals only, and are not to be administered to animals that are not the property of TAILS and that all equipment supplied by TAILS will be returned if the contract is terminated.
- understand and acknowledge that I do not have any right or authority to keep, adopt, transfer or place foster animals in other homes or with other individuals and that TAILS may terminate this or any other Foster Care Contract at anytime for any reason.
- I agree that every animal I provide Foster Care for must be physically returned to TAILS at any time upon the request of TAILS. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
- I agree to provide TAILS with necessary information to enhance the care that I am providing to the foster animal(s).
- I agree to hold TAILS harmless from any direct or consequential damages arising out of this Foster Care Contract including bodily injuries such as scratches and bites.
- I certify that no person residing in the household has ever been convicted of animal cruelty, neglect or abandonment.
- I understand that TAILS will reimburse expenses for approved food purchases and approved medical care.
- Foster Care Providers will maintain office files of current and past intakes and disposition according to PACFA regulations
- Foster Care Providers will represent TAILS at PACFA inspections.

### Foster Care Home Location:

<b>Name:</b>	<b>Drivers License Number:</b>	
<b>Physical Address:</b>		
<b>Email Address:</b>		
<b>Foster Care Provider Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature of TAILS Representative</b>	<b>Printed Name of TAILS Representative</b>	<b>Date</b>
<b>Home Check Completed:</b> <input type="checkbox"/>		

Date of visit: \_\_\_\_\_ Name of TAILS Representative: \_\_\_\_\_

**All residents of the home are to be present for the Home Visit.**

How many people in the family? \_\_\_\_\_

How many family pets & age/type: \_\_\_\_\_

Are children respectful of pets (your observation)? \_\_\_\_\_

Living conditions/cleanliness: \_\_\_\_\_

Condition of the house/garage/yard: \_\_\_\_\_

Any hazardous items in pets reach? \_\_\_\_\_

Are living quarters pet friendly?      Yes              No

Is the yard fenced in?      Yes              No

Are there any areas of gates or fence where a toy dog can slip out of dig under to escape?      Yes              No

Is the animal living/eating area clean? \_\_\_\_\_

How will the animal get exercise? \_\_\_\_\_

Where will the animal stay when left home alone? \_\_\_\_\_

How will they housetrain? \_\_\_\_\_

How would/do they discipline a animal? \_\_\_\_\_

How will they work through behavioral issues? \_\_\_\_\_

Would I personally feel comfortable leaving an animal here?      Yes              No

Any concerns? \_\_\_\_\_

\_\_\_\_\_  
Signature of Foster

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TAILS Home Inspector

\_\_\_\_\_  
Date