



**Coffee Cause for Paws (CCFP)
Foster Care Agreement**

210 E Ward Street Douglas GA 31533

Email: coffeecauseforpaws@gmail.com

I, _____ residing at _____

_____ Zip code _____ Phone (H) _____ (C) _____

(W) _____ Email address _____

Alternate contact _____ Alternate Contact # _____

Drivers License # _____ State _____ Expiration Date _____

Employer _____

Agree to provide foster care for:

Name of pet _____ Dog/Cat _____ Age _____

Breed _____ Sex M/F _____ Color(s) _____

I undertake as follows:

I am 21 years of age or older and have read, understood and agreed to the terms below.

I agree to accept the pet described above until the pet is permanently adopted, unless the pet is returned to CCFP in accordance with these terms.

I have inspected the pet and agree to accept the pet in its current condition.

Conditions of Care:

I agree to maintain and house the pet in conditions as provided in CCFP policy and procedure. The pet will become a member of our family and as such will be cared for primarily indoors with the comforts of home.

I will provide the pet with appropriate baths, nail trims, and ear cleaning to include a bath before and meeting with a potential adopter. Professional grooming, dog day care, or boarding expenses require prior approval from CCFP and, subject to that approval, will be paid by CCFP.

The information I have provided to CCFP as to the property on which the pet is to be housed and my ability to maintain the pet in proper health is true and not misleading in any way.

I agree not to house the pet at an alternative location or pass the pet into the care of another person, without the express consent of CCFP.

I agree not to take the pet out of the state of Georgia without express consent of CCFP.

I understand that CCFP may before or during the Fostering Period inspect the property on which the pet is to be housed to ensure the pet's safety and security and that as a result of this inspection I may be requested by CCFP to return the pet.

I agree to continue monthly heartworm and flea treatment and to administer medications as prescribed by veterinarian(s).

The pet will, at all times, wear a collar with identification tag attached.

The pet will not be allowed off my property or allowed in any unsecured area (not even leash free parks) without a collar and lead.

Costs:

I understand that if the pet is due for annual vaccinations, I must contact CCFP. I agree to take the pet to a veterinarian as approved by CCFP or vaccinations, and I understand that this cost will be covered by CCFP.

I agree to make regular (every other week) contact with my Foster Coordinator to provide an update on the pet.

I agree to contact the Foster Coordinator immediately if the pet is sick, injured or experiencing difficulties settling in.

I agree to advise my Foster Coordinator should the pet require any veterinary treatment. I understand that veterinary costs will be covered by CCFP but only with prior approval from CCFP.

I agree to advise my Foster Coordinator if I require any short-term assistance to house the foster due to planned vacations, family emergencies, etc. I will provide as much notice as possible.

Adoption Inquiries:

I understand that should the Foster Coordinator receive adoption inquiries about the pet, I will be contacted.

I agree to make the pet promptly available for inspection at a mutually agreeable time and location, and I agree to actively participate in the adoption process if required.

I agree to make the pet available for adoption events and will notify Foster Coordinator if I am unable to accompany the pet to those events.

I understand that should another party be interested in adopting the pet, I may apply to adopt the pet. However, this is subject to the terms and conditions of adoption, and payment of the full adoption fee for the pet or reimbursement to CCFP of expenses for that pet.

I agree to contact my Foster Coordinator if anyone contacts me personally about adopting the foster(s) that I am caring for.

I agree to send my Foster Coordinator weekly updated photos of fosters.

Return of pet:

I agree to return the pet to CCFP upon request.

If during the Fostering Period I feel the pet is unsuitable for any reason I will contact my Foster Coordinator and arrange a mutually convenient time to return him/her to CCFP.

I indemnify CCFP, its directors, employees and volunteers for any liability, costs or expenses which arise as a result of my actions or omissions (including negligence) or the pet's condition, health or behavior.

I have read, understood and agreed to the terms contained within this CCFP Foster Care Agreement.

I will notify CCFP within 7 days of any change to my address or contact details recorded above.

Foster Signature _____ **Date** _____

My Foster Coordinator is _____

Phone _____ **Email** _____