

# MONROE COUNTY HUMANE ASSOCIATION CLINIC • EDUCATION • OUTREACH

## Fosterer & Foster Home Agreement for Monroe County Humane Association Crisis Housing Program

This Agreement is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and

between Monroe County Humane Association (“MCHA”) and \_\_\_\_\_ (“Fosterer”). Fosterer agrees to temporarily care for pet(s) on behalf of MCHA and to comply with the following rules. By signing below, the Fosterer confirms they have read, understood, and agreed to all terms and conditions set forth in this Agreement.

### General Rules

- Fosterer shall provide a warm, clean, and loving environment, food, and any medications as required for any and all animals in their care.

Foster Initials: \_\_\_\_\_

- Fosterer understands that the purpose and mission of MCHA is to provide temporary care and support for pets in need while working towards reuniting them with their Permanent Guardians.

Foster Initials: \_\_\_\_\_

- Fosterer further understands that, barring unforeseen circumstances, the foster pet will eventually be returned to the Permanent Guardian and is not available for adoption or “foster fail.”

Foster Initials: \_\_\_\_\_

- Fosterer understands that the foster pet is only temporarily in their care and remains the property of MCHA on behalf of the Permanent Guardian.

Foster Initials: \_\_\_\_\_

- Fosterer agrees that MCHA can remove the foster pet from their care at any time, for any reason, and without prior notice.

Foster Initials: \_\_\_\_\_

- Fosterer agrees to stay in regular contact with MCHA about the foster pet(s) in their care. MCHA is reachable in person during regular business hours, phone, text, or email (812-333-6242 or [crisis@monroehumane.org](mailto:crisis@monroehumane.org)).

Foster Initials: \_\_\_\_\_

- The fosterer retains the right to decline or return a foster pet to MCHA at any time, for any reason. However, the fosterer must coordinate with MCHA to return the pet, ensuring that the pet is never dropped off at the MCHA campus unattended.

Foster Initials: \_\_\_\_\_

- If Fosterer becomes unable to fulfill any of the requirements set forth in this Agreement, they will notify an MCHA representative immediately.

Foster Initials: \_\_\_\_\_

### **Privacy/Confidentiality**

*At MCHA, privacy and safety are of utmost importance as we strive to protect our fosterers, staff, and those we serve, ensuring a secure and respectful environment for all.*

- All communications with the pet's Permanent Guardian will be handled through MCHA. Fosterer should not attempt to contact the Guardian.

Foster Initials: \_\_\_\_\_

- Fosterer agrees to not post photos/videos of foster pet(s) on social media unless given written consent by MCHA. This is for the safety of the pet(s), Fosterer, and Permanent Guardian. Fosterer can take photos/videos for their own personal enjoyment (and share them with MCHA).

Foster Initials: \_\_\_\_\_

- Fosterer understands MCHA is unable to share any information about the Permanent Guardian or their situation.

Foster Initials: \_\_\_\_\_

### **Home Environment**

- The foster pet shall reside at Fosterer's home address as listed at the end of this Agreement. Fosterer will notify MCHA of any changes in their contact information promptly.

Foster Initials: \_\_\_\_\_

- Fosterer consents to an initial and periodic home inspection by MCHA staff or its representatives.

Foster Initials: \_\_\_\_\_

- The fosterer agrees to personally care for the foster pet(s) and will not transfer them to another person without MCHA's prior authorization.

Foster Initials: \_\_\_\_\_

- Fosterer shall ensure the foster pet has appropriate exercise and is not constantly tethered or kept outdoors. Foster dogs must be leashed when outside unfenced areas, and foster cats must be kept indoors. Foster Dogs must be supervised outside even in fenced areas. Do not take foster dogs to dog parks, pet stores, doggie day cares, veterinary facilities, or any other areas unless approved by MCHA.

Foster Initials: \_\_\_\_\_

- Fosterer will immediately notify MCHA if the foster pet escapes, goes missing, or cannot be located, and will provide all necessary information to aid in recovery efforts.

Foster Initials: \_\_\_\_\_

### **Personal Pets**

- Fosterer confirms that their personal pets are up-to-date on vaccinations, and that their cats have tested negative for Feline Leukemia and FIV. The fosterer agrees to provide MCHA with proof of vaccinations or permits MCHA to contact their veterinarian to verify these details.

Foster Initials: \_\_\_\_\_

- Fosterer will keep the foster pet separated from their personal pets or other foster pets until acclimated and deemed safe.

Foster Initials: \_\_\_\_\_

- MCHA will not reimburse for any property damage or bodily injury caused by the foster pet in Fosterer's home.

Foster Initials: \_\_\_\_\_

- Fosterer understands that the foster pet will be vaccinated for (rabies, distemper/parvo (DHPP), Bordetella vaccination, Leptospirosis vaccination or FVRCP), but could carry diseases unknown to a veterinarian and that MCHA will not cover medical care for Fosterer's personal pets if they contract a disease from the foster pet. It is crucial to keep personal pets current on all vaccinations.

Foster Initials: \_\_\_\_\_

- Fosterer agrees to adhere to the pet number limits established by their local county or municipality regulations.

Foster Initials: \_\_\_\_\_

### **Foster Pet(s)**

- Fosterer understands that MCHA may have limited information about the foster pet's temperament and habits and will take precautions to prevent any incidents.

Foster Initials: \_\_\_\_\_

- Fosterer will ensure foster pet(s) wear an MCHA collar/tag at all times.

Foster Initials: \_\_\_\_\_

- Upon request, MCHA will provide Fosterer with necessary supplies such as a crate, leash, collar, food, litter, toys, and medications at no cost. Items purchased by Fosterer will not be reimbursed unless approved by MCHA.

Foster Initials: \_\_\_\_\_

- Fosterer shall provide the foster pet with humane care and maintain the pet in accordance with all applicable laws and ordinances. This includes providing adequate food, water, shelter, affection, socialization, and exercise.

Foster Initials: \_\_\_\_\_

- If Fosterer can no longer care for the foster pet, they must notify MCHA immediately and return the pet only to MCHA.

Foster Initials: \_\_\_\_\_

### **Veterinary Care**

- Fosterer agrees to monitor the health of the animal(s) and to contact MCHA immediately in the event of questions regarding the health or safety of the animal(s). Veterinary care must be approved by MCHA before services are rendered. Authorized care will take place at the MCHA Veterinary Clinic (791 S Fieldstone Blvd) unless otherwise directed by MCHA staff. Unauthorized veterinary expenses are the responsibility of the Fosterer.

Foster Initials: \_\_\_\_\_

- MCHA will provide preventive care and medications for minor illnesses diagnosed by an MCHA veterinarian. Fosterer may need to administer these treatments.

Foster Initials: \_\_\_\_\_

- If the foster pet(s) interacts with other animals in the home and this results in injury or illness, the fosterer will be solely responsible for any resulting veterinary expenses.

Foster Initials: \_\_\_\_\_

### **Fosterer Information & Emergency Contact**

#### **Foster Home Information:**

Fosterer Name: \_\_\_\_\_

Fosterer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fosterer Address: \_\_\_\_\_

Fosterer City: \_\_\_\_\_ Fosterer State: \_\_\_\_\_ Fosterer Zip: \_\_\_\_\_

Fosterer Phone: \_\_\_\_\_

Fosterer Email: \_\_\_\_\_

#### **Emergency Contact:**

In the event there is an emergency situation and MCHA is unable to reach the contact information above, the Fosterer authorizes MCHA to contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Release of Liability**

Fosterer releases MCHA and associated parties from any claims or damages arising from the care of the foster pet.

Fosterer agrees to be responsible for their own acts and omissions and to hold MCHA harmless for any related issues. Fosterer acknowledges they are responsible for their own medical, liability, and auto insurance during the fostering term and are not covered by MCHA.

By signing below, Fosterer acknowledges that they have read and understood the terms of this Agreement and agree to be bound by its provisions.

Agreed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Fosterer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MCHA Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency and Non-Emergency Medical Symptoms

In the event of a health emergency, immediately contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency:

- Blood from any orifice/opening
- Blood in vomit or dark-colored vomit
- Blood in urine or inability to urinate
- Blood in stool, especially with diarrhea
- Congestion, wheezing, or labored breathing
- Fever (often accompanied by lethargy)
- Injury from an accident
- Severe and painful lameness
- Pain, irritability when handled or touched, especially if out of character
- Seizures or convulsions
- Trouble eating, mouth pain, or drooling
- Severe and painful lameness lasting more than 24 hours
- Diarrhea in neonates/underweight animals lasting more than 24 hours

## Non-Emergency:

- Changes in eye appearance: squinting, winking, tearing, swelling, redness, yellow, green, or crusty discharge
- Coughing for less than 24 hours
- Diarrhea/loose stool in adult animals lasting less than 48 hours
- Excessive drinking lasting more than 48 hours
- Increased appetite lasting more than a week, especially with weight loss
- Increased scratching, including head shaking
- Increased urination or sudden accidents in the house, difficulty urinating, and straining lasting less than 24 hours
- Nasal discharge: white, yellow, or green
- No weight gain, especially with puppies and kittens during a 72-hour period
- Poor appetite lasting more than 48 hours
- Sneezing lasting more than 24 hours
- Unexplained lameness not improving with rest within 24 hours
- Vomiting more than three times
- Weight loss observed over a 48-hour period, especially with kittens, puppies, or nursing mothers, accompanied by normal to more-than-normal food intake
- Hair loss

# MONROE COUNTY HUMANE ASSOCIATION

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## Foster Home Placement for Monroe County Humane Association Crisis Housing Program

Fosterer Name: \_\_\_\_\_

Placement Date: \_\_\_\_\_

### **Foster Pet Information**

Pet Name: \_\_\_\_\_ Species: CAT / DOG

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Microchipped? YES / NO Number: \_\_\_\_\_

Spay/Neuter Status: YES / NO

Vaccination Status: (List vaccines and dates)

Health Issues:

Medications: (Name/Dosages)

Special Needs: (Dietary restrictions, behavior considerations, etc.)

By signing below, Fosterer acknowledges that they will foster the pet listed above and still understand the terms of Fosterer Agreement and agree to be bound by its provisions.

Agreed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Fosterer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MCHA Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_