



**List Current Pets:**

Name	Age	Breed	Date of last vaccines	Spayed/Neutered	Indoor/Outdoor

Vet name: \_\_\_\_\_ Vet Phone number: \_\_\_\_\_

\*\*Fostering is a very challenging but rewarding experience. Knowing that you have helped a young animal grow healthy and find a new home is a wonderful feeling. As a county facility, we accept ALL animals from Davidson County. This means that sick animals are often brought into our facility. Though we do vaccinate our animals, there is always the risk that foster animals could be carrying an illness. It is a possibility that foster animals may become sick and even die in your care, due to no fault of your own. Please take time to speak with your family and members of your household about this and to prepare your hearts and homes for all possibilities, positive and negative, of this volunteer experience.

I, \_\_\_\_\_, do hereby agree to provide a temporary foster home for the animal(s) assigned by the shelter manager, volunteer coordinator or authorized personnel. I understand that this foster care will be provided for no longer than two (2) months or such time as deemed necessary by the shelter manager, volunteer coordinator or authorized personnel. I understand that the animal(s) will remain in my home for the entire foster period, and the end of which time the Davidson County Animal Shelter will take possession and responsibility for the adoption of the aforementioned animals.

I agree to provide humane and loving care (food, water, warm shelter, etc.) and veterinary care if necessary. The latter will be deemed appropriate or not by the shelter manager or other authorized personnel. Customary and reasonable veterinary care will be the monetary responsibility of the Davidson County Animal Shelter, unless I so wish to incur the expense.

Veterinary care will be provided to animals in foster homes under the following criteria:

- 1) The Davidson County Animal Shelter will provide all veterinary care approved by the shelter manager or approved personnel, absorbing the cost of these procedures. Should the foster parent choose to go to a veterinarian other than those working at the Davidson County Animal Shelter, the foster parent shall incur all expenses for the treatment.
- 2) The treatment of acute or life-threatening illness is at the discretion of the shelter manager or authorized personnel. This included the nature of the treatment, the duration of treatment, the location of treatment, and the denial of treatment.

I release the Davidson County Animal Shelter from any liability incurred as a result of my fostering animals. The Davidson County Animal Shelter reserves the right to remove foster animals from my foster home at any time, should it be deemed necessary by the shelter manager our authorized personnel. I have answered the questions above truthfully and completely. I understand that although the Davidson County Animal Shelter takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk. I indemnify and hold the Davidson County Animal Shelter free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

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

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

**Office Use Only**

**Approval Checklist:**

**Initial as completed:**

	Animal Shelter Database Checked
	Vet Reference Checked
	Landlord approval if applicable
	ID checked and copied

<b>Approved</b> Yes _____ No _____	<b>Staff Initials</b> _____
<b>Emailed/Called approval</b> _____	<b>Date</b> _____
<b>comments</b> _____	