



Indian Rivers Humane Society Foster Agreement
702 Main Street, West Point, VA 23181
(804) 855 - 3109

Thank you for your interest in fostering a rescued animal for Indian Rivers Humane Society (IRHS). Your service will prove invaluable! You are giving an animal a second chance at life. We take your commitment seriously and will do whatever we can to make the experience a positive one for both you and the animal. This contract serves to clarify your role as a foster parent and our role as the responsible organization. It also serves to protect the best interest of the intended foster animal. Please read, initial and sign this agreement. It will be kept on file for as long as you wish to be an active foster parent

As a foster parent, I agree to provide a safe, indoor only home for the cat I will foster. I will, at no time, leave the animal outside. _____ (initial)

I will, at no time, place the animal under the care of another individual unless it is cleared with IRHS. (This does not apply to routine, daily care, but to situations whereby you must leave town for more than one day unexpectedly or planned.)

In that event, I will contact IRHS to discuss an acceptable care-giving plan for the animal. _____ (initial)

I will provide the animal with structure and guidance to encourage positive behavior by the animal. I will not use abusive measures to reprimand/punish the animal. I will also not encourage disruptive, aggressive or destructive behavior. _____ (initial)

I understand that IRHS is not responsible for damage done to my house or belongings _____ (initial)

I will contact IRHS immediately if I believe the animal needs medical attention so that an appointment can be made with a participating IRHS vet. I will not take the animal to my own vet or another without contacting my IRHS rep first. I understand that vets are expensive and to do so would force IRHS to incur costs greater than if the animal went to one of their participating vets. If I wish to take my foster animal to my own vet, I will be responsible for all charges. _____ (initial)

I will work with the IRHS to have potential adopters meet the animal. This may take place at my house, the 4 Paws Thrift store, or an adoption event. I will also make arrangements with IRHS to have the animal attend scheduled adoption events. If I cannot bring the animal, I will work with IRHS to arrange a pick-up/drop-off so that the animal can attend the events. _____ (initial)

I will contact IRHS immediately if my foster pet should get lost or stolen so that the appropriate steps can be taken to locate the animal and make the appropriate reports. _____ (initial)

Indian Rivers Humane Society, at any time, has the authority to terminate my fostering if they feel I am not able to provide the animal with the structure, resources, attention he/she needs, if the animal and I are not a good fit, or if I am found to be in violation of any of the above rules and/or city, county, state codes regarding animal welfare and possession. In this case, I will return the animal and all IRHS supplies immediately to IRHS. _____ (initial)

I understand that my foster animal is the "property" of Indian Rivers Humane Society and that I may not place this animal into an adoptive (or other) home without working fully within the IRHS system, which



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includes receiving an application, conducting a phone interview and reference checks, may include arranging a home visit and having a fully signed IRHS Adoption Agreement. If I relinquish this animal to another person or organization, I will be considered in violation of this contract and held responsible for any/all legal fees incurred by IRHS for the purpose of getting the animal back and I will be pursued by the appropriate legal authorities for theft. _____ (initial)

I attest that I have never been charged with animal cruelty or neglect. I also attest that no one in my household has been charged with the above. _____ (initial)

I have also read and understand the responsibilities that accompany the fostering of an IRHS animals as explained above.

Foster Parent(signature)

IRHS Rep. (PRINT)

Please provide/print the following info:

Name: _____

Address: _____

City/State/Zip: _____

Phone (day and night): _____

Cell: _____

E-mail: _____

I would like to receive the Indian Rivers Humane Society's Newsletter by email: YES / NO



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WAIVER AND RELEASE OF LIABILITY

In return for being allowed to participate in INDIAN RIVERS HUMANE SOCIETY (IRHS) foster activities and all related activities, including any activities incidental to such participation (“Foster Activities”), the undersigned Foster (hereafter referred to using “I”, “me” or “my”) releases and agrees not to sue IRHS or it’s officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present or future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Foster Activities wherever, whenever, or however the same may occur.

I understand and agree that the IRHS is not responsible for any injury or property damage arising out of the Foster Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in Foster Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in Foster Activities with the knowledge of the danger involved and I agree to accept all risks in participation. I also agree to indemnify and hold harmless the IRHS for all claims arising out of my participation in the Foster Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of Virginia in which the Foster Activities take place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the IRHS has not arranged and does not carry any insurance of any kind for my benefit or that of Foster, my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Foster Activities. I also understand that this document is a contract which grants certain rights and eliminates the liability of the IRHS.

Signature of Foster

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.