



100 N. 2nd St · Phila, PA 19106
1810 Grant Ave · Phila, PA 19115
2900 Grays Ferry Ave · Phila, PA 19146
www.phillypaws.org · 215-298-9680

Foster Care Program Agreement

ANIMAL ID #(s): _____

Name(s): _____

Type (circle one): Dog Cat

Approved by: _____

Location fostered from: _____

Thank you for agreeing to be a foster care provider! We appreciate the love, time, and care you are committing to give to your foster animals. Please initial next to each statement, indicating you agree to abide by them:

_____ I will comply with all local and state laws and ordinances relating to the care of domestic animals.

_____ I will provide a loving, temporary home and humane treatment to my foster animal(s), including a balanced diet, water, and needed veterinary care, and I agree to pay for all needed food and litter.

_____ I will keep the animal(s) at the property listed below, and I will be the primary caretaker. If I need to find another primary caretaker for the animal(s), I will provide PAWS with as much notice as possible, work to find alternative caretakers within PAWS' and my networks, and communicate the caretaker's contact information to PAWS **before** they assume caretaking responsibilities.

_____ I will not leave my foster animal(s) alone longer than eight hours. I will hire a dog walker for my foster dog if needed and notify PAWS of any additional care providers.

_____ I will keep my foster cats/kittens **inside only**.

_____ I will keep my foster dog **away from all other dogs**. I will keep four feet of distance from other dogs on walks and I will NOT take them to dog parks or on doggie play dates, unless I have written consent from PAWS' foster team.

_____ I will not bring my foster dog to high-traffic areas including but not limited to restaurants, community events, or social gatherings unless instructed to by PAWS' staff for adoption promotion or socialization purposes.

_____ I acknowledge that PAWS has recommended that foster animal(s) be kept separate from my own pets and that there is a risk of infecting my pets with known or unknown diseases even if they are separated.

_____ I understand that animals in foster care sometimes require medical attention. If the animal(s) become sick, I agree to bring them to PAWS for care during scheduled clinic hours. In case of emergency, when PAWS is unable to provide care, I agree to contact PAWS' emergency number for guidance regarding obtaining care.

_____ I agree to fully comply with any medical treatment plan, including medications and therapies, or behavioral training plan prescribed by PAWS staff.

_____ I understand that, unless it has been arranged for by a PAWS staff member, I will be financially responsible for the cost of veterinary care if I choose to take my PAWS foster animal to another veterinary practice for treatment. I agree to notify PAWS before seeking care at another practice.

_____ In the event my foster animal has a medical condition that requires treatment beyond what PAWS is able to provide or pay for, I understand I may either return the animal to PAWS or assume financial responsibility for the treatment.

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- _____ If my foster animal is declared a hospice case, or is otherwise medically or behaviorally unstable, I agree to abide by PAWS' decisions regarding the health and future of the animal.
- _____ If a foster animal should die while in my care, I will immediately notify PAWS and return the body to PAWS.
- _____ I understand that email is the primary method of communication for PAWS Foster Program and I agree to respond to emails in a timely manner, ideally within 48 hours.
- _____ I will work to find an adopter for my foster animal(s) according to PAWS' screening process and requirements, with PAWS' support as needed. I will submit at least four high-quality photos and a thoughtful bio each month, using guidelines provided on PAWS' Foster Resource web page.
- _____ I understand that my foster animal(s) **may not be transferred to their adoptive homes before they are spayed/neutered**, unless written permission from PAWS staff is provided. In that case, the approved adopter will pay an additional \$100 surgery deposit per unfixed animal, and the animal will become part of PAWS' Pre-Adopt program.
- _____ If I choose to adopt my foster animal myself:
- I understand that I must first complete all approved adopter meets.
 - I will finalize the adoption contract and pay the adoption fee (based on the animal's age when taken into foster care) within two weeks of indicating I want to adopt.
- _____ I acknowledge that dogs and cats respond to situations differently, that such responses may be unpredictable, and that PAWS makes no claims, representations, or warranty, either expressed or implied, as to the behavior or temperament of animals placed in foster care.
- _____ If my foster animal bites (breaks skin with their teeth), I will notify the foster team by email immediately and separate the animal from other beings in my home until I receive instructions on how to proceed.
- _____ I release, discharge, indemnify, and hold PAWS and its staff and directors harmless for any and all damage or veterinary expenses caused by a foster animal, directly or indirectly, to people, personal property or pets.
- _____ I acknowledge that the animal(s) entrusted to me are the property of PAWS, and I will let PAWS into my home upon request to inspect and ensure that the animal(s) are being kept humanely.
- _____ If for any reason I or PAWS decides that this foster situation is not working, or if I become incapable of caring for the animal(s), I will return the animal(s) to PAWS without conflict.

By signing below, I affirm that I fully understand and agree to abide by PAWS' foster care policies described herein.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Emergency contact: Name: _____ Phone: _____