



Foster Care Contract

Personal Information:

Name:

PSC Address: Closest Base:

Physical Address:

Home Phone:

Email Address:

Rotation Date:

Employer:

Please write Yes (Y) or No (N) for the following. I AM ABLE TO FOSTER:

A CAT:

A DOG:

OTHER (please specify):

An animal with special needs (permanent injury or medical problems):

A senior animal:

How many animals are you able to foster?:

PLEASE HELP US GAIN A BETTER UNDERSTANDING OF YOUR HOME:

Number of occupants:

Number of children (and age):

OTHER PETS:

Cats How many? Ages:

Dogs How many? Ages:

Do you live in a single home?

An apartment?

Do you have fencing?

Are all your pets current on vaccinations?

Are all your pets spayed/neutered?

Do your pets get along with other animals? If so, please bold the choices below:

Cat Dog Small Animals Other

How would you correct your rescue if he/she had an accident in the house?

Would you like to accompany the Adoption Committee on the follow-up visit after you rescue has been adopted? Yes No

Please list any additional comments or suggestions that might help OAARS match you with the right animal.

Please list any additional animal training or experience that you may have.

TERMS OF AGREEMENT

I understand that OAARS will not be held responsible for any accidents that might occur while the animal is in my care (i.e. bites, scratches, or any other injury to myself, my family members, visitors, friends, and/or any other animals in my home).

I promise to take care of this animal to the best of my ability. I **WILL NOT** leave my rescue outside unattended. I will give them protection from the weather, give them lots of love and attention, provide heartworm preventative, flea treatment, seek medical help as needed, and schedule veterinary appointments for shots, spaying/neutering, or for any conditions the animal may be afflicted with.

I will not switch my foster animal with other foster families unless an OAARS Foster Coordinator has been notified. I will not adopt this animal out without the proper procedures and screening of the adopting family by the Adoption Committee.

I understand that in emergency placements, these animals might not have been checked by a veterinary doctor. I will coordinate with OAARS and the vet clinic for a check up and initial shots for the animal.

I will give a 60 day notice when it comes time for my PCS move. I will not take my rescue to Karing Kennels, Ozato, or any other establishment of the sort if a situation arises. OAARS will find adequate care in another foster home if I am unable to fulfill this commitment. I understand the need for foster care is great and will be patient with the Foster Coordinator in finding my rescue a new home.

OAARS can terminate this agreement and remove the animal if the conditions above are not met. The primary concern of OAARS is the welfare of the animals. Please contact us immediately if your foster animal is lost.

Signature of Applicant

Date

Signature of Board Member or Coordinator

Date

