

FOSTER CARE AGREEMENT

I agree to the following conditions: (Please initial each)

1. _____ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies.
2. _____ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. _____ I agree to keep the foster animal indoors unless accompanied outside by myself.
4. _____ Should the foster animal become ill while in my care, I agree to call the Belchertown, MA Animal Control Department (BACD) and take the foster animal to a veterinarian. Any charges that may incur through a private veterinarian will be my expense. Deworming and vaccinations that are required during foster time will be provided by the clinic by scheduling an appointment.
5. _____ I fully understand that the foster animal is the property of the BACD. Any decision made by this department will be followed by me, regarding the return and/or disposition of the foster animal.
6. _____ I agree to return the foster animal(s) as instructed. I agree to make an appointment on the said date. At the appointment time, the ACO or her designee will make a decision as to the disposition of the foster animal.
7. _____ I understand that the Belchertown, MA Animal Control Department is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. _____ The Belchertown, MA Animal Control Department is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.

Signature: _____ Date: _____

Print Name: _____