



Morgan County Humane Society
 83 Gum Springs Cut-Off Road * Hartselle, AL 35640
 (256) 773-7222 * Mchsal35640@gmail.com
www.morgancountyhumanesociety.com

FOSTER CARE CONTRACT

Behavior	Medical	Foster to Adopt
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Species	No of Animals	Reason	Approximate Foster Length	Placed	Returned

TERMS AND CONDITIONS:

Initial

_____ I hereby acknowledge receiving the above described animal(s).
 _____ I understand that the animal(s) will at all times remain the sole property of the Morgan County Humane Society (MCHS).
 _____ I agree to provide the animals(s) good loving care, including at a minimum: adequate food, adequate water, adequate shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species and weight, adequate exercise and follow MCHS regulations on transportation and veterinary care when needed to prevent suffering or disease transmission.
 _____ I understand that medicines and other supplies provided by MCHS are for use with the foster care animals only, and are not to be administered to animals that are not the property of MCHS.
 _____ I understand that all veterinary care must be authorized in advance by MCHS. I agree to personally incur the cost for any treatment that has not been so authorized.
 _____ I understand and acknowledge that I do not have any rights or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals.
 _____ I agree that every animal I provide foster care for must be physically returned to MCHS by the date set forth in this contract, or at any time upon the request by MCHS. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
 _____ I agree to provide the appropriate staff members at MCHS with the necessary information and materials at any time (i.e. fecal samples, temperature/weight measurements) to enhance the care I am providing to the foster animal(s).
 _____ I agree to hold MCHS harmless from any direct or consequential damages arising out of this foster care arrangement.
 _____ I acknowledge that MCHS may terminate this or any other foster care arrangement at any time at its sole discretion.
 _____ I certify that no person residing in the household where the animal(s) will be fostered has ever been charged or convicted of animal cruelty, neglect or abandonment.

MUST complete MCHS VOLUNTEER APPLICATION AND PROVIDE A COPY OF PHOTO I.D.

Printed Name

Day and Evening Phone Numbers

Signature of foster care provider

Date

Signature of MCHS Representative

Date