

Foster Care Agreement

Dog description:

Foster Home name, address, and phone number:

This agreement is entered into between _____ (hereinafter referred to as the Foster Care Provider), residing at _____, and Broome County Dog Shelter (hereinafter referred to as BCDS), with its principal place of business at 110 Cutler Pond Rd., Binghamton, NY 13905; 607-778-2493; 607-778-6542 (fax).

By signing this agreement, the Foster Care Provider agrees to:

1. provide humane care, food, and water to the above-described dog, at the Foster Care Provider's expense;
2. keep the above-described dog as an indoor companion animal;
3. assume the risk involved with this dog; accept full responsibility for the actions of this dog while it is in the Foster Care Provider's care; indemnify, hold harmless, and reimburse the BCDS from any liabilities, injuries, or other damages stemming from this agreement, or caused by the dog's actions or omissions, the BCDS's negligence, or from any acts or omissions of the Foster Care Provider;
4. acknowledge that by entering into this agreement the BCDS does not warrant or guarantee the above-described dog's behavioral patterns, and that BCDS is not responsible for any negative behaviors the dog may exhibit over the course of the foster care provided, except in matters of gross negligence on the BCDS's behalf;
5. accept full responsibility for the dog's actions while in the Foster Care Provider's care;
6. notify immediately the BCDS if the dog becomes sick, injured, lost, or for any reason the Foster Care Provider is unable to continue to care for the animal; in the event that the Foster Care Provider is no longer able to continue to care for the animal in accordance with the terms of this agreement, the Foster Care Provider is to coordinate and cooperate with the BCDS to facilitate the dog's immediate return to the shelter;
7. return the dog to the BCDS on or before _____, and to share any information regarding the dog's habits and behaviors in a home environment with BCDS.

Wherefore, this agreement was executed on the ____th day of _____, 20__.

Signature of Foster Care Provider

Signature of Foster Care Provider

Signature of Broome County Dog Shelter Staff