



RESCUE FOSTERING AGREEMENT

Purpose of Fostering: *To allow a rescued animal to live in a home environment while awaiting permanent placement, permitting the Foster Family to fully evaluate the animal, both physically and emotionally. A home environment is not only a lot less stressful on the animal than a boarding facility but is also a lot less expensive for the Society. The additional exposure the animal gets from being treated as "one of the family" allows better evaluation of the individual animals' suitability for permanent placement.*

The Lac La Biche Regional Humane Society, Inc., hereafter known as the LLBRHS, considers Foster Families to be essential to the welfare and proper placement of our rescued animals and wishes the experience to be enjoyable and free from misunderstandings.

I, _____ agree to foster animals in my home for the LLBRHS. I will care for these animals to the best of my ability, providing them with all of the necessities of life. At no time will I abuse or mistreat these animals, nor will I give them away or adopt them out to anyone without the prior approval of the LLBRHS. I also agree that I will not hold LLBRHS or any of its agents responsible for any damage that may be done by a foster animal to myself, my property, or any person(s) who come into contact with the animal; nor for any illness/ injury which my own animals may contract from contact with foster animals. I understand that the animals I foster belong to LLBRHS and, as such, must be returned upon request.

Release:

In consideration of being permitted to participate as a volunteer with the LLBRHS, I the Undersigned agree to assume all risk of loss or injury, including death to myself or damage to my property while working as a volunteer of the LLBRHS. I hereby waive any right of action I may have had or may in the future lodge against the LLBRHS, its successors, assigns, directors, staff, agents or volunteers for any such loss or injury caused by negligence or default of the LLBRHS, its successors, assigns, directors, staff, agents or volunteers whether acting in scope of employment or not.

I acknowledge that the animals of the LLBRHS are not trained by the LLBRHS and that they may be unpredictable. I also acknowledge that the LLBRHS strongly recommends I consult my physician about any concerns related to working with animals. If I have any reason to suspect I am pregnant, the LLBRHS recommends I consult with my physician regarding working with cats. I hereby waive for myself, my personal representatives and dependents all such claims or rights of action aforementioned that the undersigned or my personal representatives and dependents may have had or may in the future lodge against LLBRHS and its successors, assigns, directors, staff, agents and volunteers. By my signature I acknowledge that I am of full age and that I have read this release and have voluntarily signed it.

Please read and initial each statement and then sign the bottom of this form:

_____ I hereby certify that this application has been reviewed & agreed to by all residents over the age of 18 years residing in the Foster Home & that all information provide is true & accurate to the best of my knowledge.

_____ I understand that the LLBRHS reserves the right to refuse my application as a volunteer at any stage of the screening process; or to terminate me as a volunteer for any reason the LLBRHS Board deems justifiable.

_____ I agree that while I am engaged in activities with the LLBRHS and thereafter, I shall keep confidential and shall not disclose any trade secret, financial information, strategies, client lists, innovations, discoveries or inventions, arising from or in connection with the LLBRHS and/or its business of which I have direct or indirect knowledge, however such knowledge is obtained, except where such knowledge is or becomes publicly available through no fault or breach of confidence by myself.

_____ I understand & agree that the LLBRHS makes NO warranties as to the temperament behaviours, habits or background of any animal placed for fostering in your home. All information LLBRHS receives about any given animal shall be shared with you, but we cannot attest to the accuracy of any information provided to us by another party.

_____ I acknowledge that any equipment, official material, donations, or identification issued to me by the LLBRHS remains the property of the LLBRHS and must be returned upon my resignation, termination, or on demand.

_____ I grant permission for my name and/or photograph to be published or acknowledged publicly for the purposes of advertising and/or volunteer recognition.

_____ I grant permission for the LLBRHS to correspond with other organizations regarding my service with the LLBRHS, in respect to references, verbally or written; upon my own request.

I/We the UNDERSIGNED Foster Family hereby acknowledges having read the terms of this Agreement & do hereby agree to abide by each of the rules of fostering set forth above:

Printed name & address of Foster Family:

Names of each resident over 18 years of age:

Name: _____

Address: _____

Phone number(s): _____

Primary Foster Care Provider Signature

Date

Witness Signature

Information on the Foster Animal (to be completed by Assigned LLBRHS Rescue Coordinator):

Assigned Rescue Coordinator: _____

Animal Species: _____

Name & Description (Breed/Color) _____

Age (if known, "guestimated" if not known) _____

Male _____ Female _____

Spayed or neutered (documented by signed veterinary statement) _____

Microchip or tattoo location and number _____

Additional known information about the animal:
