



## MONROE COUNTY FRIENDS OF ANIMALS

# SECOND CHANCE PALS FOSTER CONTRACT

Pet Name \_\_\_\_\_ Age \_\_\_\_\_ Pet Point ID# \_\_\_\_\_

Description \_\_\_\_\_

**THIS** agreement is entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Second Chance Pals (SCP) working on behalf of the Monroe County Animal Shelter (MCAS) and Monroe County Friends of Animals (MCFA) **AND** \_\_\_\_\_, hereafter referred to as the foster.

I hereby acknowledge receiving the above-described animal.

I understand that said animal will be spayed/neutered and up-to-date on its vaccinations upon receipt.

I understand that the animal shall remain the sole property of MCAS.

I agree that SCP has the right to visitation with one day's notice or immediate inspection in case of emergency situations (i.e., earthquake, fire, flood, negligence, etc.).

I agree that SCP reserves the right to reclaim the animal if SCP determines that circumstances warrant removal of said animal.

I agree to return said animal if I am no longer able to adequately care for it.

I will notify SCP immediately if the animal becomes ill or injured. In the event of an emergency, I will call the shelter director as proscribed in the copy of the Foster Guidelines. All medical care must be pre-approved by SCP.

I understand that while the animal is in my care, I will bring said animal to two public events for approximately two hours each week. These events may include an adoptathon, any MCFA sponsored event, yard sale, road block or your own organized event.

I understand that said animal will be available for adoption while in my foster care, and I agree to allow the animal to be viewed by potential adopters with 2 days' notice.

I understand and acknowledge that SCP, MCFA or MCAS cannot guarantee or be held responsible for the health, behavior or temperament of an animal that I may foster.

I agree to provide reports to SCP for said animal during the first week of foster care and 30 days thereafter unless otherwise needed.

I attest that the terms and conditions of this foster contract have been read and understood, and that I am at least 18 years of age. I agree to abide by these terms.

Foster's Name (please print) \_\_\_\_\_

Foster's Address \_\_\_\_\_

Foster's Email \_\_\_\_\_

Foster's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Foster's Signature: \_\_\_\_\_

SCP Rep Name (please print) \_\_\_\_\_

SCP Rep Signature \_\_\_\_\_