



Box 805, Dauphin, Manitoba, R7N 3B5

Ph: 204-638-6966

www.parklandhumanesociety.com

Parkland Humane
SOCIETY INC.

FOSTER CARE CONTRACT

INITIALS	TERMS AND CONDITIONS
	I understand that the foster animal(s) in only temporarily in my care and remains the property of the Parkland Humane Society.
	I understand that the purpose of this foster relationship is to provide care of the foster animal(s) and to make the foster animal(s) adoptable.
	I understand that any and all adoptions of foster animal(s) will be made through PHSI and are subject to the same guidelines as any other adoption. Foster care providers are encouraged to assist in the placement process of their foster animal(s) but cannot make any decisions regarding the final placement of the animal(s). Extra effort will be made to keep fostered animals up for adoption, but I understand that my foster animal(s) may eventually be subjected to euthanasia due to health issues.
	I agree to surrender the foster animal(s) to the PHSI at the end of the foster care period immediately upon request.
	I will not relinquish custody of the foster animal(s) to anyone except PHSI. I understand that if I cannot care for the foster animal(s) for any reason, then I must contact the PHSI Foster Co-ordinator immediately.
	I will return the foster animal(s) to PHSI for periodic check-ups and regular vaccinations unless other arrangements have been made.
	I will administer medications to the foster animal(s) as recommended and supplied by PHSI.
	I will notify the PHSI Foster Co-ordinator if the foster animal(s) is lost or injured or becomes ill and needs immediate medical care.
	Any medical costs incurred by me that have not had prior approval from PHSI are my obligation alone and shall not be at the obligation of PHSI. Any emergency medical treatment should be cleared with the PHSI Foster Co-ordinator.
	I agree to keep all foster cats and kittens indoors at all times.
	I agree to keep all foster dogs and puppies in a secure area, preferably a crate or kennel run. I will not allow the foster dogs or puppies off-leash except in a secure fenced area of my property.
	I will assure that the foster animal(s) (over 4 months old) always wear the collar and ID tag supplied by PHSI.
	I will feed, water, groom, exercise and socialize the foster animal(s) as appropriate.
	I will comply with all laws and ordinances that apply to the foster animal(s) and my guardianship of it in the area where I reside and/or house the animals.
	I understand that I may not foster any other organization's animal(s) other than PHSI animal(s) unless prior approval has been obtained by the PHSI Foster Co-ordinator.
	I understand that the PSHI may examine and inquire about the foster animal(s) at any time. If the PHSI determines that I am not complying with this agreement in any way, the PHSI may reclaim the foster animal(s) and is entitled to enter my property to do so.
	I understand that the PHSI cannot guarantee or be responsible for the behavior or temperament of the foster animal(s). I understand that the actions of animals are often unpredictable and I will insure that the foster animal(s) will be closely supervised by me or responsible person delegated by me, particularly when the foster animal(s) is with children or other animals.
	I understand that it is my decision to foster animal(s) for PHSI. I am aware that foster animal(s) may cause damage to my personal property, other pets and humans. I will not hold the PHSI liable for any damage, injury or harm caused directly or indirectly through my foster care provider position with PHSI.
	I understand that the foster care application that I completed to qualify as a foster care provider is incorporated fully as part of this agreement. Any misrepresentation by me on the application is breach of this agreement that entitles the PHSI to reclaim the foster animal(s) and to terminate my foster care provider position if the PHSI so chooses.
	I agree as a foster care provider that the PHSI shall be held harmless from any and all claims, liabilities, judgments, losses, damages, expenses or cost of any kind arising out of any injury related to PHSI Foster Care Program.
As a foster care provider, I understand and agree to abide by all of the above conditions.	
Print: _____	Sign: _____ Date: _____



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