

Do you currently have pets? Yes _____ No _____
If yes, are their vaccinations up to date (see page 3 for the list of required vaccinations)?
 Yes _____ No _____
Number of cats: _____
Number of dogs: _____
Other _____

Please list any diseases your household pet(s) may have or have had: _____

Do you have an enclosed outdoor area? Yes _____ No _____

Where will the Animal be housed? _____

How long will you be able to foster the Animal(s) identified in this Agreement? _____

AGREEMENT

I, _____, understand and agree this Foster Care Agreement (Agreement) is binding between the City of Norris and myself. I agree to serve as a Foster Care Provider (Provider) to the Norris Animal Shelter Commission (Commission) for the City of Norris (City) and understand that my services are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from the City of Norris for the foster of the above-described Animal. I also agree to provide foster care in strict compliance with the policies and procedures of the City and Commission. This includes, but is not limited to:

- A. Providing adequate water, shelter, safe containment and humane treatment for the Animal at all times.
- B. Monitoring the Animal and providing proper care and socialization to increase their possibility of adoption.
- C. Keeping the Commission and/or City up to date with the progress of the Animal.
- D. Notifying the Commission and/or City within 24 hours of any major change in the Animal's health or loss.
- E. I agree that veterinary care will NOT be provided by me without the notification and authorization of the Commission and/or City.
 - If authorized, veterinarian care will be provided by Anderson County Animal Hospital, Norris, the University of Tennessee Veterinary Medical Center, or _____

Please write your initials on each line after reading and agreeing to it.

_____ The Commission and/or City reserves the right to determine the proper course of action in the result of an inability to comply with this agreement.

_____ I understand and agree that the fostered animal is the exclusive property of the City. This Agreement transfers no ownership rights to me.

_____ I understand if the Animal under my care dies, the body must be returned to the Commission or City.

_____ I agree to vaccinate my own animal(s) against the following diseases before fostering the herein described Animal:

Canines: canine distemper virus, canine parvovirus, parainfluenza, hepatitis (4-in-1 booster), Bordetella (kennel cough), rabies and are free of parasites.

Felines: feline panleukopenia, rhinotracheitis, Calicivirus (3-in-1 booster), feline leukemia, rabies, and parasite free.

_____ I understand no reimbursement by the City will be given to me regarding any expenditures which I incur for the care and treatment of the foster Animal.

_____ I understand that any breach of the conditions of this Agreement may result in immediate termination of this Agreement.

INDEMNITY – Please read and initial the following:

_____ I agree to release, discharge, waive, relinquish, indemnify and hold harmless the City and its Commission, including agents, officers, employees, and volunteers, for any and all actions or causes of action from personal injury, property damage, wrongful death, legal fees, veterinary care, or any other expense or liability as a result of any action or activity of the Animal. It is my intention by this Agreement to exempt and relieve the City from ALL liability for personal injury, property damage, or wrongful death caused by the Animal as a result of negligence or otherwise. I agree to indemnify the City from any and all such claims and to pay, without limitation, any costs related to such injury, damage, wrongful death, or liability, including, in the case of litigation, any attorney’s fees incurred by the City in its defense of this Agreement.

_____ I recognize that in handling foster animal(s), there exists a risk of injury including physical harm caused by a fostered animal. On behalf of myself, my heirs, personal representative, and executors, I release, discharge, indemnify and hold harmless the City and its Commission, its agents, officers, employees, and volunteers, from any and all claims, causes of action or demands, or any nature of cause connected with this Agreement.

_____ I understand that public relations are an important part of volunteering in this Agreement. I agree on behalf of myself, my heirs, personal representatives, and executors, to allow the City and/or its Commission to use any photographs taken of me for use of public relations efforts. The City and its Commission will make reasonable efforts to notify me, but such notification is not a condition of its release for public relations purposes.

_____ I understand that I may refuse to be photographed, and that such refusal shall not change my status as a Provider.

_____ In the event the Animal is abused or neglected, the City holds the right to recover the Animal upon demand, and the Animal will be surrendered immediately. Without waiving any rights under this Agreement, if I do not surrender the Animal, I will owe the City, including but not limited to, any and all legal fees, expenses, veterinary costs and reasonable liquidated damages associated with enforcement of this Agreement and recovery of the Animal.

_____ This Agreement is the entire Agreement between the Parties and supersedes any prior understandings between the Parties with respect to the subject matter of this Agreement. No modification of this Agreement will be valid unless in writing duly signed by both Parties. This Agreement is binding upon the Parties, their officers, employees, heirs, assigns, successors, personal representatives or executors.

_____ I understand and agree that this Agreement, and all terms and conditions herein contained, are governed by the Norris City Ordinance, Chapter 2, Dogs and Cats, and that I must adhere to the regulations therein contained.

I HAVE CAREFULLY READ THE FOREGOING, AND I UNDERSTAND THAT TOGETHER THEY CONSTITUTE A DISCLAIMER OF LIABILITY AND A RELEASE OF ALL THE CLAIMS BY ME. I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN MY DECISION TO FOSTER THE ANIMAL FROM THE CITY. I VOLUNTARILY SIGN BELOW TO EVIDENCE MY ACCEPTANCE OF THE ABOVE PROVISIONS.

FOSTER CARE PROVIDER:

Signature: _____

Printed Name: _____

Date Signed: _____

CITY OF NORRIS:

Signature: _____

Title: _____

Printed Name: _____

Date Signed: _____



CITY OF NORRIS, TENNESSEE

Norris Animal Shelter Commission

FOSTER'S VOLUNTARY RELEASE/WAIVER OF LIABILITY

Photographic, Video & Digital Image and Voice Recording

_____ I hereby grant permission to the City to use and publish my name or the name(s) of my minor child(ren), and any and all photographs, video, or digital images taken of me or my likeness, or of my minor child(ren), and any recordings of my voice or the minor child's(ren's) voice, that have been made in connection with this adoption or participation in Shelter activities and events ("the images and voice"), for use in the furtherance of their mission, including but not limited to, for use in any and all print or electronic publications that promote the Shelter and Shelter activities and events.

_____ I agree that the City, the Commission, employees, agents, officers, contractors, affiliates, volunteers, and any third parties involved in the creation of Shelter print and electronic publications may use the images and voice at their sole discretion in furtherance of Shelter and Shelter activities and events. I hereby grant the City all rights in the images and voice, which rights include, but are not limited to, copyrights, and the right to receive any and all royalties, proceeds or other benefits (monetary or otherwise) derived from the use of images and voice. I understand that this document includes my permission for the City to freely use the images and voice and that I will receive no financial compensation for such use by the City.

_____ By signing this document, I agree to release, forever discharge and hold harmless the City, the Commission and its agents, directors, officers, members, employees, or other volunteer workers and any third parties involved in the creation of Shelter print and electronic publications from any reasonable expectation of privacy, confidentiality that I might associate with the images and voice; and any and all liability claims, demands, or causes of action of whatever kind, in law or equity, associated with the use of the images and voice in the furtherance of the Shelter.

_____ I understand that I may refuse to be photographed, and that such refusal shall not change my status as a Foster.

Signature: _____

Printed Name: _____

Date Signed: _____

Minor Child(ren) Name(s) and Age(s):

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____