**City of Norris, Tennessee**

**Animal Shelter Foster Care Agreement**

**Adopted March 14, 2016**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Do you own\_\_\_\_\_\_\_ or rent\_\_\_\_\_\_\_\_ phone number of landlord if rent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers:

Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children in household? And ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have pets?: Yes:\_\_\_\_\_\_ No:\_\_\_\_\_\_

Number of: Cats\_\_\_\_\_\_ Dogs\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they current of rabies vaccination(s)?: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Please list any diseases your household pets may have or had:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an enclosed outdoor area?: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ How high is the barrier?:\_\_\_\_\_\_

Where will your foster animal be housed?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long will you be able to foster an animal or litter?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that my services as a Foster care provider are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind for my fostering of animals.

I agree to:

1. Providing adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.
2. Keeping the Norris Animal commission up to date with progress and or any changes.
3. Notifying the Norris Animal commission within 24 hours of any major change in the fostered animals health or loss.
4. Agree that no vet care will be given under your care without the notification and authorization of the Norris Animal Commission.

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

\_\_\_\_\_\_ Norris Animal Commission 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 animals are the exclusive property of the city of Norris. This foster care agreement transfers no ownership rights.

\_\_\_\_\_\_I understand if any foster animal under my care dies, the body must be returned to the Norris Animal Commission.

\_\_\_\_\_\_I agree to vaccinate my own animals against the following diseases before fostering:

Canines are immunized against Canine distemper, canine parvovirus, Bordetella, and rabies, and are free of parasites.

Felines are immunized against feline panleukopnia, rhinotracheitis, Calicivirus, feline leukemia and rabies, and are free of parasites.

\_\_\_\_\_\_I understand no reimbursement by the City of Norris will be given to me regarding expenditure which I incur for the care and treatment of the foster animals.

\_\_\_\_\_\_I understand that any breach of the conditions of the foster care agreement may result in immediate termination of this agreement.

\_\_\_\_\_\_I agree to release, discharge, indemnify and hold harmless the City of Norris, including its animal commission and/or employees, for any and all personal injuries or damages to property or pets caused by the foster animal(s).

\_\_\_\_\_\_I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless the City of Norris, including volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

I have received, read and understand the Foster Care Guidelines provided

Foster care giver Date

City of Norris Date