

# Owner and Foster Family Intake Agreement (Owner to Family or Foster Facility)

## Foster Information:

**Foster Facility/Organization:** \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## **Foster Family:**

Primary Caregiver Name and Age: \_\_\_\_\_, \_\_\_\_\_

Secondary Family Members: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_, \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Personal Pets: Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Exotics \_\_\_\_\_ Fish \_\_\_\_\_

Veterinarian/Hospital Name: \_\_\_\_\_

Amount of fosters able to assist together: One \_\_\_\_\_ Two \_\_\_\_\_ Three \_\_\_\_\_ More \_\_\_\_\_

Type of Fosters: Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Exotics \_\_\_\_\_ Fish \_\_\_\_\_ Other \_\_\_\_\_

Have you fostered before? Yes \_\_\_ No \_\_\_

If yes, what organization? \_\_\_\_\_

Are there any type of pets you will not foster? \_\_\_\_\_

Does anyone in the home have pet allergies? No \_\_\_ Yes \_\_\_ Who? \_\_\_\_\_

Is main caretaker able to administer medications? Yes \_\_\_\_\_ No \_\_\_\_\_

House information: Room to Isolate \_\_\_\_\_ Fenced Yard \_\_\_\_\_ Catio \_\_\_\_\_ Other \_\_\_\_\_

Supplies available: Cat cage \_\_\_\_\_ Dog Crate \_\_\_\_\_ Other \_\_\_\_\_

How long will foster pet(s) be left alone during the day and night? \_\_\_\_\_

Ability to submit update photos: Yes \_\_\_\_\_ No: \_\_\_\_\_

Update preferences: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Email: \_\_\_\_\_ Written: \_\_\_\_\_

Available to take to Vet or Training? Yes \_\_\_ No \_\_\_

Able to provide food if not supplied by client? Yes \_\_\_\_\_ No \_\_\_\_\_

Notes: \_\_\_\_\_

## Foster Pet #1 Information

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

Age: \_\_\_\_\_

Gender: Male \_\_\_ Male Neutered \_\_\_ Female \_\_\_ Female Spayed \_\_\_

Species/Breed: \_\_\_\_\_

Description (Ex. color): \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Up to Date on Vaccines: Yes \_\_\_\_\_ No \_\_\_\_\_

Last Veterinarian Visit: \_\_\_\_\_

Behavior History: \_\_\_\_\_

Medication(s) (Name and Dosage): \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Items and Supplies: \_\_\_\_\_

Notes: \_\_\_\_\_

## **Foster Pet #2 Information**

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

Age: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Male Neutered \_\_\_\_\_ Female \_\_\_\_\_ Female Spayed \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Description (e.g. color): \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Up to Date on Vaccines: Yes \_\_\_\_\_ No \_\_\_\_\_

Last Veterinarian Visit: \_\_\_\_\_

Behavior History: \_\_\_\_\_

Medication(s) (Name and Dosage): \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Items and Supplies: \_\_\_\_\_

Notes: \_\_\_\_\_

**Permissions.** Foster agrees for Pet Owner to place their pet(s) in their home or facility for foster care. Foster understands and agrees that the Pet Owner retains all legal ownership of pet(s) while in their care. Pet Owner authorizes EPCP, Foster, caseworker or representative to share their information with all necessary parties. Pet Owner agrees for EPCP or Foster to obtain medical attention and treatment by a Partner as deemed necessary while in their care. Foster understands that they may be asked to assist in transport or other necessities of extra care during this time. Foster acknowledges that they will be paid for services dependent on funds available.

Pet Owner or representative agrees that they may have to sign documents and agree to rules for Foster Facilities in order to complete their process for in-take. This process will be conducted via Pet Owner and Foster Facility directly.

Foster acknowledges that Pet Owner's pet(s) will be returned to them when and if they find stable and safe housing which accepts pets; except in cases where it is deemed that pet(s) are to be surrendered per Pet Owner, if the length of need is too great and pet(s) will be adopted, placed in shelter, or euthanized. Foster agrees that Pet Owner's pet(s) will remain in their home or facility for the length of the foster term, and will not be moved to another location. Foster understands that if Owner's pet(s) is moved without permission, legal action can and will be taken at their cost. \*Foster Family acknowledges that they are able to apply for adoption if no other suitable home is found, but there is a limit of two adoptions while under contract with EPCP to ensure that Foster is available to help future clients.

**Injury and Indemnification.** Foster Family is responsible for providing all daily care of foster pet(s). This includes feeding exercise, socialization and medication administering unless other terms are agreed to. During the foster period, all cats must remain indoors and all dogs must wear collars with identification tags. Foster is responsible for using medications and supplies as directed. Foster Facility will act according to their rules and regulations.

Foster agrees to provide written updates and photos to caseworker or client representative as outlined in agreement. If in facility then this is not mandatory. (Foster Initials) \_\_\_\_\_

Foster is responsible for notifying Pet Owner or representative at the first sign of health or behavioral issues not discussed upon admittance. If Pet Owner's pet(s) become ill, injured, lost or dies while in their care, Pet Owner waives and releases EPCP, Foster, and Partners from any claim arising from such an incident. Foster understands that pet(s) may be under stress and could act unpredictably and agree to take precautions to prevent accidents and injury. If Pet Owner's pet(s) bites or injures a person or animal while in their care, Foster shall hold harmless and indemnify EPCP, Pet Owner and Partners from any claim or suit that may be brought as a result of such an incident. In addition, Foster shall hold harmless and indemnify EPCP, Pet Owner and Partners against any and all costs, expenses, losses, liabilities and claims arising out of or relating to any acts of Pet Owner's pet(s) except for negligence or intentional misconduct on the part of the Foster.

\*Foster Family is encouraged to obtain homeowner's or renters insurance which offers personal liability in the event there is an accident involving the foster pet(s). \_\_\_\_\_

**Governing Law.** The terms of this Agreement shall be governed by and construed in accordance with the laws of the State of Massachusetts, not including its conflicts of law provisions.

**Severability.** If any provision of this Agreement is held to be invalid or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid and enforceable as though the invalid or unenforceable parts had not been included in this Agreement.

**Entire Agreement and Amendment.** This Agreement contains the entire understanding between the Parties and supersedes and cancels all prior agreements of the Parties. This Agreement may be amended or modified only by a written agreement signed by all the Parties.

Foster shall take responsibility for Pet Owner's pet(s) as identified and described below for the time period beginning \_\_\_\_\_ until \_\_\_\_\_.

Or, an unknown amount of time acknowledged by all parties: Owner \_\_\_\_\_ Foster \_\_\_\_\_

Notes: \_\_\_\_\_

Funds Available from Client? Yes \_\_\_ How much \$ \_\_\_\_\_  
Funds Available from EPCP? Yes \_\_\_ How much \$ \_\_\_\_\_

*This Pet Care Agreement is made as of this day \_\_\_/\_\_\_/\_\_\_, between Foster \_\_\_\_\_, and Pet Owner \_\_\_\_\_*

**Primary Owner Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Caseworker or Pet Owner Representative Signature:** \_\_\_\_\_

**Foster Signature:** \_\_\_\_\_



