

## H.O.P.E. Foster Care Agreement

I acknowledge receipt of the HOPE Animal Shelter (Help Orphaned Pets Everywhere) Foster Care Overview & Guidelines and agree to provide foster care according to the guidelines outlined in the aforementioned document.

I understand that the foster animal(s) I am caring for is the “property” of HOPE and that if I decide to adopt my foster pet, I must complete an Adoption Application and be approved before assuming ownership of this pet.

I understand that HOPE staff/volunteers may request to visit my foster animal(s) to take photos and videos of her or him for marketing purposes and/or to check on her or his health status, and I will allow access to Board-approved volunteers into my home for this purpose.

I understand that if it is determined that my home is not the best environment for a particular foster animal’s needs, it may be requested that I transfer the foster pet to another foster home.

I will not allow any cat or kitten outside while fostering the animal(s).

I recognize that the health of my foster pet(s) is not guaranteed and there is a risk to my existing pets’ health with any new foster I bring into my home environment. I will not hold HOPE liable for any health conditions that may arise in my personal pets due to a foster care pet being exposed to my pets. I will follow the quarantine guidelines outlined by HOPE to minimize the health risks to my personal pets.

I will maintain ongoing contact with HOPE Staff as to the health and status of my foster pet(s).

I will notify HOPE in advance if my contact information changes or if I plan to move.

I recognize that emergencies can arise and I am willing to drive my foster pet(s) to any HOPE-designated veterinarian and contact the HOPE Staff or Board Member if such an emergency should arise involving my foster pet(s).

I will keep my foster pet(s)’ Foster Log updated with their health information to ensure that I support the HOPE’s mission of providing the highest quality, timely care to each pet.

I agree to the provisions indicated above.

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*Printed Name of Foster Care Provider*

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*Signature of Foster Care Provider*

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*Date*

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*Signature of HOPE Director or Authorized Personnel*

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*Date*