

OFFICE USE ONLY:

Animal Intake/Name:

Trial Begins:

Circle: FEATURE TRANSPORT ADOPT– need app

Trial Ends:



## Big Spring Animal Services Shelter Foster Agreement

I, \_\_\_\_\_, make the following statements and voluntarily enter into this Foster Care Agreement (hereinafter “Agreement”) to provide temporary care as a foster caregiver for the Big Spring Animal Shelter (hereinafter “BSAS”).

### (INITIALS)

1. \_\_\_\_\_ I have no convictions of animal cruelty, neglect or abandonment. I agree to notify BSAS of any future convictions of animal cruelty, neglect, or abandonment.
2. \_\_\_\_\_ I agree to comply with all other federal, state, and local laws that pertain to companion animals and pet ownership in the jurisdiction where I reside.
3. \_\_\_\_\_ I understand that BSAS reserves the right to check on the welfare of my foster animal, which may include a visit to my foster home. I further understand that if BSAS finds a direct and immediate threat to my foster animal, BSAS may remove the animal from my care.
4. \_\_\_\_\_ I understand that all animals in foster care are the property of Big Spring Animal Services and are subject to all applicable Big Spring Animal Services policies, rules, and restrictions.
5. \_\_\_\_\_ I agree to notify the BSAS Foster/Rescue Coordinator immediately if my foster animal(s) becomes lost or separated from me.
6. \_\_\_\_\_ I agree to return my foster animal(s) at any time upon the request of the BSAS Foster/Rescue Coordinator or any BSAS staff member. If a foster care provider refuses to return the foster animal for any reason or has improperly transferred an animal to another individual or entity, the foster will be permanently removed from the foster program and Big Spring Animal Services will initiate appropriate legal action in order to secure the return of the animal.
7. \_\_\_\_\_ I agree to receive and respond to calls and emails concerning my foster animal(s) from BSAS shelter staff, veterinary staff, and potential adopters.
8. \_\_\_\_\_ I understand that BSAS will not reimburse me for any veterinary care for my foster animal if not pre-approved by a BSAS management member first.

9. \_\_\_\_\_ I agree to assume the risks implied in working with animals that have been abandoned, and possibly neglected, mistreated or who may suffer from an illness or disease. My participation in the BSAS Foster Program is entirely voluntary and without the promise or expectation of compensation. I have no known physical or mental condition what would impair my ability to participate in the BSAS Foster Program. I understand that while BSAS staff carefully monitors all animals, BSAS may have limited knowledge of their behavioral and medical backgrounds. Therefore, I understand that BSAS makes no warranties or representations regarding my foster animal's health, behavior, temperament, age, or breed. I further understand that environmental changes may affect and change the temperament of my foster animal(s).
10. \_\_\_\_\_ I understand that the foster animal is property of Big Spring Animal Services and will not be escorted to off leash dog parks or other off leash areas. Dogs must be on leash or in a fenced area at all times.
11. \_\_\_\_\_ I understand that owned animals could catch a disease and/or parasite from a foster animal. I will not hold Big Spring Animal Services accountable for any veterinarian expenses I could incur for the owned animal.
12. \_\_\_\_\_ I understand that owned animals could be injured or killed by a foster animal. I will not hold Big Spring Animal Services accountable for any veterinarian expenses I could incur for the owned animal.
13. \_\_\_\_\_ I understand that foster families, members of their household, or visitors could catch a disease and/or parasite from a foster animal (We do not, as a practice, send animals with known transmittable diseases to foster). I will not hold Big Spring Animal Services accountable for any medical expenses I could incur.
14. \_\_\_\_\_ I understand that foster families, members of their household, or visitors could be injured by a foster animal. If this is occurs, I will report it to BSAS immediately and seek medical care if needed. I will not hold Big Spring Animal Services accountable for any medical expenses I could incur.
15. \_\_\_\_\_ Foster animals may destroy personal items and Big Spring Animal Services will not be held accountable for replacing said items.
16. \_\_\_\_\_ Any animal that IS NOT legally adopted out to the foster stated **within 10 days** after the foster period is over, will be dispositioned as an adoption and the foster will assume all legal responsibility for said animal(s).
17. \_\_\_\_\_ I understand and agree that the City of Big Spring, its members, officers, directors, agents, and elected officials have no liability or responsibility of any nature

for injuries or damage to any person, animal or property caused by my foster animal(s) or my participation in the BSAS Foster Program. I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the City of Big Spring, its members, officers, directors, agents, elected officials, and their heirs, administrators, executors, successors and representatives from all liability. Also, from all risk of damage or bodily injury of death that may occur to me (including any injury based on negligence) now or hereafter in connection with my foster animals(s) and my participation in the BSAS Foster Program. I expressly agree that this release, waiver and indemnity is as broad and inclusive as permitted by the State of Texas and that if any portion deemed invalid, the remainder shall continue to full force and effect.

18. \_\_\_\_\_ I agree to fully comply with the policies, guidance, and requirements set forth in the Foster Agreement as applicable to my foster animal.

By my signature below and by my initials beside each numbered paragraph above, I affirm that all statements and stated agreements contained in this document are truthful; I affirm that I have read and understand this Agreement in its entirety, and I agree to abide by the terms of this Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

Intake or Microchip number \_\_\_\_\_

**BOTH PHONE NUMBERS  
MUST BE ACCURATE  
AND HAVE A VOICEMAIL  
SETUP FOR BIG SPRING  
ANIMAL SERVICES TO  
REACH YOU WHEN  
NECESSARY.**