



HSTB FOSTER CARE PROGRAM Agreement

I agree to the following conditions as a Foster Parent for the Humane Society of Tampa Bay:

1. I certify that my own pets are currently licensed and up to date on their vaccinations, including rabies.
2. I agree to keep my pets separated from the foster animal(s) for at least ten (10) days. If the foster animal(s) is/are incubating any disease, this will minimize the chance of my own animals becoming ill. I understand that the Humane Society of Tampa Bay is not responsible for the medical well-being of myself or my pet(s) and any illness or medical issue that occurs is my responsibility.
3. I agree to keep the foster animal(s) indoors unless accompanied by me. Dogs must be on a leash when outside and cats are to remain indoors at all times.
4. Should the foster animal(s) become ill while in my care, I agree to call my Foster Care Coordinator. Any charges incurred through a private veterinarian will be at my expense, should I choose to go there.
5. The Humane Society of Tampa Bay will provide deworming, vaccinations and any other medical care deemed necessary by the Shelter Veterinarian during the foster time. I fully understand that the foster animals are the property of the Humane Society of Tampa Bay unless otherwise indicated and I may not, under any circumstances, sell, adopt, or give these animals away unless authorized to do so. I agree to follow any decision made by the Foster Care Coordinator regarding the return and/or disposition of the foster animals.
6. I agree to return the foster animal(s) as instructed to do so. I understand I have to make an appointment with the Foster Care Coordinator of Intake staff in order to be able to return the foster animal(s) or to bring them for vaccines, checkups, etc. Incoming foster animals are to come to the Animal Intake Building (located on the same property as the Adoption Shelter).
7. I understand that the Humane Society of Tampa Bay is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. I understand that if I decide to adopt one of my foster animals I will be required to follow all regular adoption procedures in place at the Humane Society of Tampa Bay.

Signature of Foster Parent

Date

PLEASE PRINT:

Foster Parent Name _____

Address _____

Telephone Number _____