

Capital District Humane Association, Inc., (CDHA)  
PO Box 11330  
Loudonville, New York 12211  
Telephone: (518) 664-3450

Cover Sheet for Foster Care Agreement

Foster Care Provider: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_

Other Members of Your Household:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Animals in Your Household:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own your own home?  Yes  No

Do you have a fenced yard?  Yes  No

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Foster Care Agreement

I, \_\_\_\_\_, currently residing at \_\_\_\_\_ am a foster care provider for Capital District Humane Association (CDHA). I understand and agree that the animals that I am fostering for CDHA are not my personal property and may not be given away, sold, adopted out privately or through another adoption agency, or withheld from CDHA. I agree to bring the dog(s) I am fostering to CDHA adoption clinics and in no way hamper the Association's efforts to find the dog(s) I am fostering permanent homes. I understand that if I dispose of the dog(s) I agreed to foster, I will be required to reimburse CDHA for any lost revenue such as adoption fees and expenses incurred by CDHA, such as legal fees and court costs associated with CDHA's attempts to repossess the dog(s).

If I wish to adopt a dog that I am fostering for CDHA, I must discuss this possibility with CDHA's President as soon as possible and before the Corporation has found another suitable home for the dog in question. I understand that I may be required

to complete an Adoption Application and Adoption Contract and pay an adoption fee. I further understand that relatives and friends cannot be guaranteed adoption of any pet I am fostering and would have to go through the same adoption proceeding as anyone else.

I further state that I am fostering for CDHA on an on-going basis and that I agree to abide by the provisions set forth in CDHA's "Foster Care Agreement Form" for **all** the dogs I am fostering for CDHA.

I acknowledge that I have agreed to, or chosen, the dogs that I am fostering for CDHA and will not hold CDHA responsible for any damage done to my property. In addition, I will not hold CDHA liable for any behavioral problems the dog(s) may exhibit. I understand, therefore, that it is my responsibility to take necessary precautions while the dog(s) is under my care. If my foster dog(s) needs medical treatment which is a non-emergency situation, I understand that I must contact CDHA's President for approval. If my foster dog(s) needs emergency care, I understand I am to seek such care immediately and then inform CDHA, along with providing CDHA with the bills. I understand that I am responsible for providing transportation to approved veterinary hospitals as needed, and I am responsible for transportation of any miscellaneous items the dog may need (i.e., medications, food, supplies) to my home.

In addition to the above, I understand and agree to the following:

1. If I require assistance of any kind, I will call CDHA President, Jennifer Politis, at 518-664-3450.
2. An Authorized CDHA Representative will visit my home to ensure it is safe for fostering.
3. An Authorized CDHA Representative will contact my veterinarian to ensure my own pets have been cared for appropriately.
4. I will give CDHA's President at least one week's notice if I can no longer foster the dog(s) under my care. Arrangements will have to be made for boarding which requires advanced notice.
5. Unless otherwise discussed with CDHA's President, I will foster the CDHA dog(s) until the dog(s) is adopted.
6. I will care for the dog(s) in my home and will not keep the dog(s) in a shed, garage (attached or detached), barn, doghouse, or any other outbuilding.
7. I will not keep the dog(s) in a basement or isolate dog(s) in any such way.
8. I will provide the dog(s) with an ample supply of fresh food and water daily and will provide the dog(s) with adequate ventilation.
9. I will not allow the dog(s) to roam at large but will exercise the dog(s) under careful supervision.
10. I understand I must contact CDHA's President prior to purchasing any food, collars, leashes, toys, crates, etc., for my foster pet(s). CDHA often has these items available to foster homes. If CDHA does not have the item(s) available, I may purchase the item(s) and CDHA will reimburse me.
11. I hereby agree to permit an authorized representative of CDHA to visit my residence WITHOUT PRIOR NOTICE to ensure that I am in compliance with the provisions of this agreement and to determine that the fostered pet(s) is taken care of in a manner consistent with the intent of this agreement and the purposes of CDHA. In the event that the authorized CDHA representative determines that I have failed to comply with the provisions of this agreement or that I am otherwise not properly taking care of the dog(s) I am fostering, I agree to return the dog(s) to CDHA within 24 hours of the VERBAL request of a member of the Board of CDHA or receipt of a written request by an Authorized Member of CDHA. The return of the dog will take place at a time and place convenient to CDHA. I agree that the determination of the CDHA representative shall be binding upon me. If for any reason I do not agree to return the dog(s) to CDHA, I agree to permit an authorized representative of

CDHA to take such dog(s) from my custody, and I consent to such a removal and agree that I will take no claim against CDHA as a result of such removal. In the event CDHA is required to commence an action in any Court to obtain the return of such pet(s), I agree to reimburse CDHA for all legal expenses incurred.

12. I agree that I will not take in any dog to foster for CDHA without permission from Jennifer Politis, CDHA President.
13. Certain animals may be a liability or may be extremely difficult to place. Therefore, if I have been given authorization by CDHA to select a dog from a county shelter to possibly foster, I understand that I must seek approval from Jennifer Politis, CDHA President, before taking the animal from the shelter.

\_\_\_\_\_  
Print Name of Foster Provider

\_\_\_\_\_  
Print Name of CDHA Rep

\_\_\_\_\_  
Signature of Foster Provider/Date

\_\_\_\_\_  
Signature of CDHA Rep/Date