**Calvin & Susie Hawaii Animal Foundation FOSTER CARE AGREEMENT**

**Name of Foster Provider’s Information**

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

**Foster Provider’s Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Provider’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Provider’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Animal’s Information**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_ \_\_\_\_\_**

**Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed/Neutered?\_\_\_\_\_\_ Age\_\_\_\_\_\_**

**Markings (spots, stripes, scars, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Microchip Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ID numbers/type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print), agree that my services as a Foster Care Provider for the Calvin & Susie Hawaii Animal Foundation (“CSHAF”) are provided on a strictly volunteer basis. I also agree to comply with the policies and procedures set forth by CSHAF, and to the following:

* I will provide the Animal with appropriate food, water, indoor shelter, exercise (whether fenced in area or on a leash), socialization, and positive obedience training.
* I will provide the Animal with all necessary veterinary treatments, including wellness exams, recommended vaccinations, preventative treatments and medications (e.g. flea and tick treatment), supplements, at appropriate intervals as prescribed by a CSHAF approved veterinarian.
* I will notify CSHAF’s Foster Care Coordinator within 24 hours of any major changes in the Animal’s health or if the Animal is lost.
* I will immediately notify CSHAF’s Foster Care Coordinator if I am no longer able to provide appropriate care to the Animal.
* I will not permanently alter the appearance of the Animal (e.g., cropping, docking, declawing, etc.)
* I will not spay/neuter the Animal without the written consent of CSHAF.
* If a single-pet household is agreed upon by CSHAF and Foster, no additional animals may be permanently brought into the Animal’s living environment during the duration of the foster period.
* I understand that the Animal remains the exclusive property of CSHAF. Under no circumstances will the Animal be sold, transferred, or loaned to any individual, organization, or rescue group. Upon request, the Animal shall be immediately returned to CSHAF.
* I understand that the Animal shall not be removed from the State of Hawai‘i.

**Release of Liability**

* I recognize that there is a risk of harm in handling the Animal, including physical injuries to myself and those in my household. I agree to foster and care for the Animal at my own risk.
* I understand that CSHAF makes no guarantees as to the behavior, temperament, or health of the Animal, now or in the future.
* I agree to release, discharge, indemnify and hold harmless CSHAF, including its agents, staff, board, officers, and volunteers, from all liability arising from damages to Foster, Foster’s property, or individuals and/or animals under Foster’s care by the Animal.

**Termination of Foster Care**

* I understand that any violation of the terms of this Foster Agreement shall result in the immediate termination of this agreement. In that case, CSHAF shall take immediate possession of the Animal.
* I understand that CSHAF has the right to terminate this Foster Agreement at any time. Once the agreement is terminated, CSHAF shall take immediate possession of the Animal.

**Foster Provider’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Provider’s Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**