



## MIAMI ANIMAL RESCUE - FOSTER CONTRACT

Foster's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents/Guardians name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parents/Guardian phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Type: \_\_\_\_\_

You will be expected to keep the animal safe and secure, return it to Miami Animal Rescue when requested to do so and at the appointed location and time given by MAR staff. You will not promise the animal to anyone or imply that you have the authority to approve a potential adoption. **Miami Animal Rescue retains ownership of all animals placed in foster care and will make all decisions regarding the adoption and placement of the animals fostered.**

\_\_\_\_\_ I AGREE to a Fostering period designated for minimum **TWO WEEKS**, unless the agreement is made to hold the animal longer. I agree NOT to keep the animal OUTDOOR or LOCKED IN CAGE.

\_\_\_\_\_ I AGREE to notify Miami Animal Rescue if **animal is in a need of emergency vet care** so that we may point you to one of our veterinarians. If a veterinarian or a licensed professional finds that you or anyone in the household is responsible for intentionally or negligently causing the animal harm by means of physical contact or exposure to unhealthy environments, an investigation will be conducted that may lead to criminal charges for animal cruelty. It is my responsibility as a foster parent to **report any changes in health and behavior** so we can take the necessary actions. Signs to look for – animal not eating, lethargic, vomiting, diarrhea, skin or coat changes, coughing, sneezing, crying etc.

\_\_\_\_\_ I FULLY UNDERSTAND AND AGREE that **Community credited hours** will only be granted at the end of the two week period as long as the animal has been returned safely or adopted and I have fully complied with this agreement.

\_\_\_\_\_ I FULLY UNDERSTAND AND AGREE that the animal is to be **photographed daily** in a manner that is appealing and suitable for posting to social media. (Please follow Miami Animal Rescue on Instagram for fun ideas). Good quality photography is crucial for successful and prompt adoption and providing creative, clear portraits, short videos and similar is required to receive community hours certificate at the end of fostering period.

\_\_\_\_\_ I AGREE to allow a **potential adopter to meet** with me to spend a minimum of 15 min with the animal at an agreed location.

\_\_\_\_\_ I AGREE to **return to the rescue all supplies** provided to me including but not limited to food, bedding, collars, carrier and leashes.

By you keeping this animal safe and secure, you agree to not leave it in a backyard, abandon it in a street, give it away, take it to a shelter, or hurt it in any way. In case the animal gets hurt under the foster care, the foster is responsible to reimburse Miami Animal Rescue for the cost of necessary treatments. If the animal gets lost or dies due to neglect of the



foster, he/she will be responsible for reimbursement towards Miami Animal Rescue in amount of \$2,500 paid immediately.

You agree to hold Miami Animal Rescue harmless from any and all liabilities in case of any bodily injury or material possession damage caused by fostered animal.

**I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Miami Animal Rescue takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior, or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which Miami Animal Rescue has asked me to provide care. I acknowledge that Miami Animal Rescue is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.**

\_\_\_\_\_  
Foster Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: Print

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name

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Office Only

Received and Reviewed by \_\_\_\_\_