



Foster Care Agreement

Weare Animal Guardians, Inc.

This agreement sets forth the terms governing the foster care of the following dog, cat or other domestic animal (the "Pet") by the undersigned (Foster Care Party) from Weare Animal Guardians, Inc. (W.A.G.), ("WAG"), a non-profit animal adoption organization.

Foster Care Party:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Description of Pet:

Dog:_____ Cat:_____ Other:_____

Name: _____

Age:_____ Sex:_____ Spayed/Neutered:_____

Breed: _____

Color/markings: _____

I understand that I am not the legal owner of the animal(s) described on this agreement, but merely the temporary caregiver. I also certify that I understand, and agreed to the following stipulations:

1. Said animal shall remain the sole property of WAG. I agreed to return said animal upon request or, if I am unable to care adequately for the animal. I agree to never abandon the animal or surrender, sell or give the animal to another shelter, pet dealer or laboratory.
2. I represent that I, anyone living with me, or any other person who will have contact with the animal has not been charged with cruelty to animals.
3. I agree to not treat the animal cruelly as defined in R.S.A. 644:8. Specifically, I agree not to perform acts or omissions injurious or detrimental to the health, safety or welfare of the animal, including abandoning the animal without proper provision for its care, sustenance, protection or shelter. I agree that the animal will not be subject to any experimentation.
4. I acknowledge that if I live in a rented premise, that I have the permission of all necessary persons, including any landlord or resident manager, to have the animal.
5. I agree to immediately notify WAG of any change of residence, mailing address, or phone number.
6. I agree to keep the animal as a household pet where it will be part of the family. It will not be chained out or kept in a barn, shed, garage, basement or any space that is not occupied by my family.
7. I agree to provide the animal with all necessary care and attention to ensure its health and well being, including food, water, exercise, and veterinary care if required. Any medical care must have prior approval of WAG unless it is a medical emergency. In the event of a medical emergency, I will only take the animal to a Weare Animal Guardian approved vet: _____ or _____ as prior approved by Weare Animal Guardians. I agree that I will only be reimbursed for those medical expenses for which I have a receipt.
8. I understand I will not be reimbursed by WAG for ordinary expenses such as food, leashes, toys and litter except by prior agreement of a WAG representative.
9. I acknowledge that WAG will provide at its expense necessary grooming, veterinary care, medical testing, vaccinations, and related expenses.
10. I agree to follow all instructions received from the WAG representative and will not change any instructions as to the care or maintenance of said animal without consulting the WAG representative.
11. I agree to properly supervise said animal at all times. I will be physically present if said dog is allowed outside during which time said animal will either be in a fenced area or leashed.
12. I agree that any WAG cat will be kept indoors. At no time will it be allowed to run loose outside.
13. I agree not to transport a cat unconfined in an open vehicle. I agree not to transport a dog in the back of the vehicle on a public way, unless the space is enclosed or has side and tail racks to a height of at least 46 inches extending vertically from the floor as provided by R.S.A. 644:8-f.

14. I agree that any dog will not be used as a guard or attack dog and will not be used in any aspect of dog/animal fighting or racing.
15. I agree to contact WAG immediately if the animal is lost or stolen. I agree to take necessary steps to find the animal, including contacting the necessary law enforcement officials and working with W.A.G.
16. I agree to immediately notify WAG if the animal is seriously ill or dies.
17. I agree to notify WAG within 24 hours if the animal bites any human or other animal or is bitten by any other animal.
18. Disclosure - Check if not applicable.

This disclosure is based only on the information available to WAG and is not meant to be a full and complete disclosure as many times there is either not full disclosure from a former owner or the former owner is not known. The lack of disclosed aggressive behavior does not indicate that an animal, if provoked, will not be aggressive and/or bite.

initial _____ date _____

19. I understand that I cannot transfer the custody or location of the animal without the express written permission from the foster care coordinator of WAG.
20. I understand that I am responsible for the animal's actions and well being. I agree that WAG has the right to send an agent and enter upon my premises for the purpose of confirming that the contract obligations are being fulfilled. If WAG has any reason to believe that the contract obligations are not being fulfilled, then I agree to immediately surrender custody of the animal. I agree to reimburse WAG for any attorney's fees or cost incurred by them to enforce the contract obligations.
21. I/we agree to waive any claim, whatsoever, whether in law or equity, against Weare Animal Guardians, its board of directors, officers, volunteers or any other agents ("Releasee") and agree to indemnify and hold harmless for any loss, damage or injury resulting from the animal while in my cadre. I/we further agree to indemnify and hold Releasee harmless for any loss, damage or injury to third parties, and the property owned by third parties and will fully indemnify Releasee against any expenses or liability incurred in defending any action against third parties.
22. I agree that WAG will be responsible for the adoption screening and ultimate placement of said animal. I understand that animal placement is not part of my responsibility or authority under this agreement.
23. I recognize this is an agreement and have read and acknowledged all terms of this agreement.

The undersigned foster care provider(s) have read and understood the above provisions and do hereby agree to all provisions as evidenced by their signatures:

Foster Care Provider(s)

_____ Date: _____

_____ Date: _____

Weare Animal Guardians, Inc. (WAG)

WAG Rep: _____ Date: _____

P.O. Box 572
Weare, NH 03281