



## FOSTER-TO-ADOPT AGREEMENT

The Humane Society of Blue Ridge's (HSBR) Foster-to-Adopt Program was created to place animals into approved forever homes in a foster situation prior to adoption. The Foster-to-Adopt Program allows approved adoption applicants to take an animal home until the animal is old enough or healthy enough to be spay/neutered by a licensed veterinarian. If the Foster-to-Adopt family is accepted, they will foster the animal until it is altered then the adoption contract will be finalized.

In order to be accepted into this program, the Foster-to-Adopt applicants must sign the Foster to Adopt Agreement which requires compliance with all of the Foster-to-Adopt terms and conditions, including the adoption procedures.

**You must be over 18 years of age to foster to adopt or adopt from HSBR.**

I, \_\_\_\_\_, agree to provide temporary foster care for the following animal:

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

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Gender: \_\_\_\_\_

Approximate Age: \_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH:**

I understand that:

1. HSBR is entering into this Foster-to-Adopt Agreement as a courtesy to me to allow me to have custody of this animal until it can be spayed or neutered; \_\_\_\_\_
2. HSBR has the strict policy that all animals must be spayed or neutered at our preferred veterinary hospital (Tri-State Spay and Neuter Clinic) unless other arrangements are made before an adoption can be completed; \_\_\_\_\_
3. I must comply with HSBR's policies concerning this animal while it is still in temporary foster care. \_\_\_\_\_

I understand that the custody of this animal will be temporary until it is spayed or neutered, at which time the adoption can be finalized.

I agree to pay the 50% adoption fee deposit in the amount of \$\_\_\_\_\_ at the time of signing this agreement.

As a temporary foster home for HSBR, with the intention of adopting the fostered animal I agree to comply with the following conditions and requirements:

1. The animal is and shall remain the sole property of HSBR until it has been spayed or neutered and the adoption is finalized. If for any reason the adoption is not finalized, I understand that upon the request of HSBR the animal shall be relinquished to HSBR and the adoption fee deposit will be refunded.
2. I will provide the animal with good care, including but not limited to, proper food, fresh water, shelter, exercise, grooming, training, and medication when required.
3. I will comply with all the instructions received from HSBR and will not deviate from any instructions as to the care and maintenance of the animal without consulting with a representative from HSBR.
4. I agree to maintain the animal as my own household pet and companion.
5. I agree not to abandon, trade, give away, or sell the animal, nor is the animal to be used or sold for commercial use or research purposes. If I no longer desire or am unable to keep the animal within the terms of this agreement, the animal must be returned to HSBR. The animal is NEVER to be turned over to an animal shelter or passed to another owner.
6. I agree to keep the animal under my control and not let the animal roam freely outside of the home.
7. I will provide a safe and loving home environment and will socialize the animal to humans and other animals.
8. I agree to properly supervise the animal at all times.
9. I agree to the following in regard to veterinary care:

- a. I have been provided with the veterinary records that show that the animal has received appropriate veterinary care to date and is in good health except for the medical conditions about which I have been informed.
  - b. If the animal needs medical attention, a member of HSBR must be contacted immediately and must approve all vet visits. Said visit must be with one of HSBR's approved vets. If FOSTER takes foster pet to an unapproved vet for any reason, FOSTER agrees to be responsible for all medical bills incurred as a result of said unapproved vet visit except in cases of emergency when the animal's life may be in danger.
  - c. HSBR will make arrangements at Tri-State Spay and Neuter Clinic for spay/neuter surgery and I agree that I will take this animal to its spay/neuter appointment and for any other necessary veterinary care as directed by HSBR unless other arrangements have been made by mutual agreement. THERE ARE NOT EXCEPTIONS TO THIS REQUIREMENT THAT THE ANIMAL MUST BE SPAY/NEUTERED BEFORE THE ADOPTION IS COMPLETE.
  - d. As soon as the spaying/neutering of this animal is completed, the signed adoption contract and any necessary veterinary records will be forwarded to me. I agree that I am responsible for the cost of any veterinary care after the adoption is complete.
10. I give permission to HSBR to enter my premises at any time upon reasonable notice for the purpose of determining whether or not I am complying with this Agreement, and to remove the animal in the event that I violate the terms of this Agreement.
  11. I understand that other animals in my household could be exposed to medical or behavioral conditions that have not been recognized in the foster animal placed with me by HSBR, and that HSBR is not liable for any disease or injury of my own companion animals or other exposed animal.
  12. I agree not to attempt to hold HSBR responsible for any damages which the animal may do to any person or property. I specifically release HSBR of any responsibility pertaining to damage to property or personal injury or any occurrence relating to the animal and shall hold HSBR harmless regarding any damage or injury/injuries of any nature whatsoever, and agree to notify HSBR immediately of any damages and/or injury/injuries.
  13. I recognize this is an Agreement and have signed this Agreement freely and voluntarily.

**Temporary Foster Home Caretaker:**

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

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

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

**Humane Society of Blue Ridge Representative:**

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

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

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

**IMPORTANT NOTICE**

Your HSBR contact person for any questions or concerns is:

Karen Kelly, Adoption Center Operations Manager  
Office Phone: 706-632-4357  
Cell Phone: (In case of emergency): 706-258-7787

**Your spay/neuter appointment for this animal is:**

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

Location: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Pre-surgery/medication instruction: