Sierra Pacific Furbabies, Inc.

NorCal Division

190 Barscape Lane

Eureka, CA 95503

707-441-9502

Sierra Pacific Furbabies, INC (SPF)

Feline Rescue

Foster/Adopt Program Contract

1. I agree to foster the animal(s) until it is returned to the SPF or adopt the cat myself. I take full

responsibility to provide adequate food, shelter and a loving environment. **Cats must be**

**kept indoors at all times. ­­\_\_\_\_**

2. I understand that SPF does not knowingly misrepresent any animals age, condition of

health, or temperament. \_\_\_\_

3. I understand that SPF cannot be held responsible if the pet(s) is unsuitable for my home

environment or if the animal(s) becomes ill or acts in an erratic manner. **If I cannot keep the foster animal, I agree that I will return it to SPF immediately**. \_\_\_\_

4. I agree to administer any medication(s) provided to me for the animal(s). I agree to contact

SPF at the first signs of a problem or illness and will take the animal to the designated rescue veterinarian for any treatment required if I am unable to contact SPF within a reasonable time. I understand that all medication and medical treatment will be paid for by SPF, provided that it is authorized by SPF.\_\_\_\_

5. I understand that SPF reserves the right to inspect the foster home at any time to ensure

suitability for these purposes. \_\_\_\_

6. I understand that the foster animal is the sole property of SPFB and cannot be given to

anyone or adopted by anyone without completion of a SPFB Application for Adoption, Adoption

Contract , and collection of the required Adoption Fee. If the animal is given away, the Foster Parent will be responsible for the Adoption Fee and any expenses. Should I choose to adopt a foster pet I agree to complete the appropriate adoption records and pay the full adoption fee, **unless waived by SPF**. \_\_\_\_

7. In the event of an emergency with the pet(s), I agree to call SPF. I understand that I will

not be reimbursed for any expenses not approved in advance by SPF, unless it is a life-or-death situation. \_\_\_\_

8. I agree to give an update on the foster animal’s condition at least once per week either via phone or email. \_\_\_\_

9. I agree to return the foster animal(s) to SPF upon request by SPF if all of the

above conditions are not met. \_\_\_\_

10. I agree to defend, indemnify, and hold SPF, its Board of Directors, officers, and

volunteers harmless from direct or indirect and consequential damages arising out of this foster care arrangement. \_\_\_\_

I have read, understand, and agree to the above conditions.

Foster Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPF Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, contact:

Shannon Ventuleth

707-441-9502 hm

760-717-8417 cell