

Lampasas Animal Shelter
301 College St
Lampasas, TX 76550
(512) 556-8586
lampasasanimalshelter@cityoflampasas.com

Lampasas Animal Shelter Foster Agreement

The following policies serve as a safety net for both the fostering family and fostered pets. By initialing each below, I agree to the following without reservation:

_____ I have read over and understand the foster manual that was provided to me

_____ LAS retains guardianship and control of all animals in foster care. The shelter staff will make all final decisions regarding their placement. Foster animals are NOT to be given away or kept – any adoption of an animal in foster care MUST go through the LAS adoption process with all applicable and accompanying LAS forms and fees.

_____ Fostered pets will not be transferred to the custody of another person, shelter, humane society, SPCA, or other entity without the express written consent and permission of LAS.

_____ I understand that there are some risks associated with taking in foster animals. I acknowledge that the health and disposition of this animal has been assessed to the best abilities of the LAS staff, despite the lack of past records for this animal.

_____ I agree that my existing family pets should be current on all shots and foster pets should be kept isolated from family pets for a minimum of 14 days for the protection of all animals and to limit the risk of spreading any possible contagious disease.

_____ LAS is not responsible for other pet(s) becoming ill by being exposed to a LAS foster pet and cannot reimburse any related veterinary medical expenses.

_____ I will not declaw, crop the ears, or crop the tail of the fostered pet. I will adhere to all state and local animal laws.

_____ I will promptly notify LAS of any signs of illness, behavioral issues or concerns, my inability to continue to foster, if the pet becomes lost, and/or if the fostered pet bites/scratches someone and breaks skin.

_____ I ACKNOWLEDGE THAT INCIDENTS INVOLVING FOSTERED ANIMALS DO OCCUR AND MAY RESULT IN INJURIES AND/OR DAMAGES TO HUMANS, OTHER ANIMALS, AND/OR PROPERTY. I AGREE TO DEFEND, HOLD HARMLESS, INDEMNIFY, AND PROTECT LAS FROM ANY CLAIM OR SUIT FILED BY ANYONE AS A RESULT OF ANY SUCH INCIDENT OR ANY OTHER INCIDENT INVOLVING THE FOSTERED PET ARISING WHILE THE FOSTERED PET IS IN MY CARE.

_____ IN ADDITION, I AGREE THAT LAS WILL NOT BE RESPONSIBLE IF THE FOSTERED PET SHOULD DAMAGE OR DESTROY PROPERTY BELONGING TO ME, MY HOUSEHOLD, OR OTHERS, OR IF THE ANIMAL TRANSFERS ANY DISEASE, INFECTION, AND/OR PARASITES, INTERNAL OR EXTERNAL, TO ANY PERSON OR ANIMAL WHILE THE FOSTERED PET IS IN MY CARE.

_____ I understand and acknowledge that all of the pets in the LAS foster program are the property of LAS. I agree to comply with any request by LAS or its representatives to return and relinquish possession of the foster pet and will do so no later than 24 hours after such request.

_____ I agree to provide the LAS Foster Coordinator, Animal Control Officer, or their authorized representatives access to my home and property to check on the fostered pet at any time while I am in possession of the fostered pet.

_____ I agree to maintain copies of kennel cards, medical records, rabies vaccination records (if applicable) and any other documentation given to me at the time of fostering at my home to provide to LAS staff upon request.

_____ I understand that I am welcome to bring the fostered pet to my private veterinarian, however, LAS cannot reimburse for medical expenses incurred at another facility/vet, and if I do so, I am required to give all medical paperwork to LAS upon returning foster to them.

_____ I understand that if I am approved for fostering, this declaration represents a legal contract between me and LAS.

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_____ I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with LAS.

_____ I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide updated information to LAS as soon as reasonably possible, but not later than 72 hours after the information changes.

LAS staff will inform the foster family of medical treatment required, expected length of care required, the care objectives, and any other expectations when the foster pet is picked up and on an on-going basis thereafter.

Any problems/question encountered during the fostering period should be discussed with the Foster Coordinator.

Foster pets may be required to schedule a follow-up examination at any time into the foster program. This will be determined by the LAS staff.

Every effort will be made to adopt foster pets. If the pet begins to exhibit aggressive or undesirable behavior, a chronic debilitating or painful condition, or is terminally ill, euthanasia may have to be considered. This is rare, but the ultimate decision is reserved for the LAS staff and Foster Coordinator.

BY SIGNING THIS AGREEMENT, THE UNDERSIGNED FOSTER CARETAKER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS OF THIS AGREEMENT AND AGREES TO SAME WITHOUT RESERVATION.

I hereby certify that the information provided to LAS is true and correct. I understand that any falsification discovered during the foster process may result in the nullification of this foster and my disqualification from future consideration as foster caretaker. I take full responsibility for the animal while in my care as a foster.

FOSTER SIGNATURE: _____

PRINTED NAME: _____

STAFF SIGNATURE: _____

DATE: _____