

Cass County Animal Rescue

Foster Home Contract

Full Legal Name: \_\_\_\_\_

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

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

Drivers Lic: \_\_\_\_\_

Have you ever been convicted of a felony against animals \_\_\_Yes \_\_\_ No

Do you:

\_\_\_ Rent \_\_\_ Own

If renting, are pets allowed: \_\_\_ Yes \_\_\_ No

How many pets are allowed per your lease: \_\_\_\_\_

Do you currently have pets of your own \_\_\_ Yes \_\_\_ No How Many Pets Do You Have: \_\_\_\_\_

Are all pets spayed/neutered and UTD on vaccinations \_\_\_ Yes \_\_\_ No

If no please explain: \_\_\_\_\_

Are all your pets on flea tick and heartworm prevention \_\_\_ Yes \_\_\_ No

Are All Pets Regularly De Wormed: \_\_\_ Yes \_\_\_ No

Vet Reference: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

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I understand that the pets placed in my home by Cass County Animal Rescue are the property of Cass County Animal Rescue and must be surrendered immediately upon request. I understand that Cass County Animal Rescue will provide Vet Care as appropriate, food, and medications as deemed necessary. Cass County Animal Rescue will provide transportation to and from Vet appointments unless other arrangements are made.

As a foster home, I agree to make available adequate food, shelter and water. I will not allow foster pets to roam freely. All foster animals must be restricted to a leash or a fence and must also be supervised. I agree to keep all medicines, poisonous plants and other

harmful items out of the reach of the animal. I will administer medicines/flea/tick/heartworm prevention as directed by Cass County Animal Rescue. If the animal becomes sick or injured while in my care I will notify Cass County Animal Rescue immediately and an incident report must be filled out. I understand that if I do not provide quality care for foster animals, my contract can be cancelled at any time.

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

CCAR Rep: \_\_\_\_\_

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\*\*\*All applicants are subject to a home visit

\*\*\*All applicants must be re-evaluated on a yearly basis