



CEDAR RAPIDS
Animal Care & Control

FOSTER AGREEMENT

Cedar Rapids Animal Care & Control
(319) 286-5993

FC # _____

Date ____/____/____

Name of Foster Applicant _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (w) _____ (c) _____ Email _____

Own Rent Residence -- House Apartment Duplex Condo

Fenced Yard: Yes No

Number of people living in household: _____ Number of children: _____ Ages: _____

Average Number of hours away from home during the day/night: _____

List any other organizations that you have fostered for? _____

Have you owned pets before? Dog(s) _____ Cat(s) _____

Do you have pets now? Yes No How Many? _____

a) Name _____ Breed _____ Age ____ Sex ____ Altered ____

b) Name _____ Breed _____ Age ____ Sex ____ Altered ____

c) Name _____ Breed _____ Age ____ Sex ____ Altered ____

d) Name _____ Breed _____ Age ____ Sex ____ Altered ____

Are all your pets currently vaccinated? Yes No

Name and phone # of your veterinarian: _____

Animal being fostered

CRACC # _____ M F Dog Cat Breed _____

Color _____ Age: _____ Markings: _____



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I acknowledge that I am able to properly foster an animal from the Cedar Rapids Animal Care & Control Center (CRACC). I have adequate space to safely house the fostered animal. I will provide adequate care, food, water and exercise for the fostered animal.

1. I understand that the animal(s) shall remain the sole property of the Cedar Rapids Animal Care & Control Center.
2. I understand and acknowledge that I do not have any right or authority to keep or place a foster animal in other homes or with other individuals. I agree to return fostered animal(s) upon request for spay/neuter, veterinary care, or any other reason determined by CRACC, or if I am no longer able to care adequately for them.
3. I agree to:
 - a) Provide strict attention to feeding, grooming, and general care of all animal(s).
 - b) Maintain high standards of cleanliness and hygiene.
 - c) Notify CRACC of the need for routine or emergency veterinary attention and gain consent to such treatment before it commences, transporting the animal(s) as necessary.
 - d) Permit a shelter representative to do home visits at mutually convenient times.
 - e) Permit prospective owners to visit the animal at your home if necessary.
 - f) Release any foster animal(s) to a representative of CRACC or directly to the new owner upon request.
 - g) Report without delay any accident or illness of a fostered animal(s).
4. I agree that Cedar Rapids Animal Care & Control is not liable for any direct or consequential damages arising out of this foster care arrangement, including but not limited to damage to property or personal injury resulting from the fostering of animals under this Agreement, and holds the rights to pursue legal discourse provided by the law if any harm, neglect, or abuse is inflicted upon the animal or animals in my foster care.

Name of Foster Care Provider (Print)

Name of CRAC Staff Member (Print)

Signature of Foster Care Provider

Signature of CRAC Staff Member

Date Signed

Date Signed