

# Headwaters Animal Shelter

901 Western Avenue South  
Park Rapids, MN 56470  
(218) 237-7100  
web site: [headwatersanimalshelter.org](http://headwatersanimalshelter.org)

# Foster Contract

## TERMS AND CONDITIONS

### Foster Information

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip code

\_\_\_\_\_  
Home PH.#                      Cell/Work PH. #

### Animal Information

\_\_\_\_\_  
H.A.S. NUMBER

\_\_\_\_\_  
H.A.S. Name

CAT/DOG                      BREED \_\_\_\_\_

MALE/FEMALE                      AGE \_\_\_\_\_

\_\_\_\_\_  
Description

If renting:  
Landlord's Name \_\_\_\_\_

Landlord's PH. # \_\_\_\_\_

### **Please initial:**

- \_\_\_ I understand that the Headwaters Animal Shelter retains all rights of legal ownership for this animal until the adoption contract is completed.
- \_\_\_ I agree to provide this animal proper and sufficient food, water, adequate shelter, medical care and kind treatment at all times.
- \_\_\_ I agree to comply with all federal, state and local laws, regulations and ordinances applicable to this animal.
- \_\_\_ **FOSTER TO ADOPT PROGRAM ONLY-** I understand that under this program I have a **14 day** trial period to see if this animal is a suitable match for me. The entire adoption fee is required as a deposit. If an adoption results the deposit will be applied to the adoption fee. If an adoption does not result from the foster all fees except **\$25** will be refunded to me. I understand that if this animal is lost, harmed or destroyed while in my care, I will be held responsible for all fees.
- \_\_\_ I understand that there may be risks involved with fostering this animal. I hereby assume any and all risks.
- \_\_\_ I fully and completely release the Headwaters Animal Shelter, its directors, officers, volunteers, agents, servants, and employees from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with fostering this animal.
- \_\_\_ The Headwaters Animal Shelter will be responsible for all veterinary care. I understand that I must report any illness or injury to the shelter as soon as possible. Except in **emergencies**, the shelter will schedule all veterinary appointments. I will be responsible for getting this animal to all scheduled appointments unless previous arrangements have been made with the shelter.
- \_\_\_ I understand if I fail to return this animal within the designated time I will be held liable for any and all costs incurred by the Headwaters Animal Shelter to retrieve this animal.
- \_\_\_ I have read and understand this contract and agree to its terms and conditions.

\_\_\_\_\_  
Signature (must be 18 or older)

\_\_\_\_\_  
Signature of H.A.S. Representative

DATE \_\_\_\_\_ FEE \_\_\_\_\_ DATE DUE BACK (FOSTER TO ADOPT) \_\_\_\_\_