



Animal House Sanctuary
We don't just find homes, We find Families
Compassion Foster Care Agreement



Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home/Cell Phone: _____ Alt. Phone: _____
 Email Address (optional): _____

I acknowledge that I have been provided with Animal House Sanctuary contact information. **Initial:** _____

Director of Animal House Sanctuary

Cindy Casiano

Cell Phone: (609) 992-6649

Email Address: animalhousesanctuary@yahoo.com

Have you or anyone in your household been convicted of a crime against animals or children? Yes No

If Yes, Explain: _____

Veterinarian records for each pet listed below, MUST be submitted BEFORE approval to foster is granted. Knowingly providing false or altered records & pet information will result in permanent denial for foster care.

The following are the pet(s) that I am requesting temporary foster care for through Animal House Sanctuary:

Pet Name	Age	Type	Gender	Spayed/Neutered
1. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. _____	_____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

All pets **MUST** be current on vaccinations, on a monthly flea & heartworm preventative supplied by Veterinarian.

Heartworm tested, & Spayed/Neutered. **Cats Only:** Must be recently tested for FeLV/FIV & vaccinated.

Initial: _____

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I, _____, hereby acknowledge that Animal House Sanctuary will provide temporary foster care for my pet(s) through the following dates listed: From Date: ____/____/____ to Date ____/____/____.

I understand that I am responsible for the expenses of feeding my pets and will be responsible for any vet care expenses that may be incurred while they are in foster care. I understand Animal House Sanctuary will make a good faith effort to notify me of any vet care needs as they arise. However, if Animal House Sanctuary is unable to reach me, I understand they have the right to take any actions they feel are necessary and are in the best interest of my pet(s) under their care. I understand that any and all expenses incurred are due to Animal House Sanctuary by the date agreed upon of each month and or prior of the pet(s) being picked up.

Monthly expenses for my pet(s) needs, \$_____ paid on the _____ of each month for food, monthly heartworm & flea prevention supplied by Vet. I agree to pay for Grooming, nail trimming, baths, & ear cleaning every 4 to 6 weeks, along with all other pet needs. In addition, I agree to provide a 1 time donation in the amount of \$_____ for the care of my pet(s) while in the care of Animal House Sanctuary. I understand & agree to volunteer at Animal House Sanctuary a minimum of 3 hours each week. **Initial:** _____

If I am unable to pay these expenses, I will notify Animal House Sanctuary immediately and will discuss when payment can be made. I understand if I fail to notify Animal House Sanctuary of my inability to make my payment(s) agreed upon and/or a payment is missed, and/or no communication/contact/inquiry is made on my behalf for 30 consecutive days, my pet(s) will be considered abandoned. Pet(s) in question will then be surrendered/transferred to animal control if no spot is available within the Animal House Sanctuary program. I understand that I cannot reclaim my pet(s) until all expenses and fees are paid in full.

I understand I am to keep in contact with Animal House Sanctuary throughout the duration my pet(s) are in temporary foster care. I understand I am to contact Animal House Sanctuary one (1) week prior to the end of the foster care time frame to discuss and arrange a pick up time to retrieve my pet(s). I understand if I am unable to retrieve my pet(s) by the agreed upon date below that I will immediately contact Animal House Sanctuary to discuss new terms regarding temporary foster care. I understand that in the event I decide or can no longer retrieve my pet(s) that I will notify Animal House Sanctuary immediately to discuss and sign release forms. I understand that if I release my pet(s) to Animal House Sanctuary that I will be required to pay a fee of \$100 per pet that is released to Animal House Sanctuary.

Please attach or email a copy of your Driver's License/Photo ID to AHSadopt@gmail.com

By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the above policies. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request. I hereby sign this agreement under my own free will.

Signature: _____

Date: _____

Print Name: _____