



**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

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 pickup 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: \_\_\_\_\_



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**Waiver & Confidentiality Agreement**



I understand that I may be handling animals while providing volunteer services with Animal House Sanctuary and therefore exists a risk for personal injury. On behalf of myself, my heirs, personal representatives, and executor, I release, discharge, indemnify, and hold harmless Animal House Sanctuary, its agents, servants, volunteers, and board from any and all claims, cause of action or demands of any nature or cause connected with the volunteer contract. This could include any costs, attorneys' fees and court costs occurred by Animal House Sanctuary in connection with my volunteer services based on damages or injuries who I or anyone under my care/supervision may incur in any way while volunteering. Such damages are not limited to but may include animal bites, accidents, injuries, and personal property damage.

**Initial** \_\_\_\_\_

**Confidentiality**

I understand that there is an aspect of confidentiality involved with Animal House Sanctuary location, any information, clients, volunteers and their situations.

**Initial** \_\_\_\_\_

To ensure the safety of all (both human and pets) we ask that you listen to the instructions given by the handler at Animal House Sanctuary at all times. We know these animals and what their triggers may be (if they have any). We work diligently with each, putting in hundreds of hours training with each of them. We respect everyone who has trained with previous dogs, but we ask you keep an open mind and heed our advice as we know these dogs best. Many dogs that enter our program have had a not so happy past and we want to ensure we are setting our dogs up for the best possible future as we hand off their leash to you. Our goal is to ensure we do not put our animals in any situation that would negatively affect them.

**Initial** \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that Animal House Sanctuary is not liable for any personal injury or damage to personal property while volunteering at and with Animal House Sanctuary. I agree to adhere to the guidelines set forth by Animal House Sanctuary to ensure the safety of all animals and people under the care of Animal House Sanctuary.

I hereby sign this agreement under my own free will.

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

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

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

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

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

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

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

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