

**St. Martin Humane Society**  
ATTN: Foster Coordinator  
P.O. Box 64  
Breaux Bridge, LA 70517  
337-900-2292 Call or text  
www.stmartinhumane.com

Revised: March 14, 2018

**FOSTER AGREEMENT/Contract**

Foster Home Information (please print)

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_ LA Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If married or have a roommate, please provide the name and contact number for the spouse or roommate:

\_\_\_\_\_

Place of Employment \_\_\_\_\_

Name of Current Veterinarian: \_\_\_\_\_

Veterinarian's Address and Phone: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If you rent, please complete the following:

Landlord's Name and Phone Number: \_\_\_\_\_

Landlord's Address \_\_\_\_\_

**Renters must obtain written permission from landlord, which must be attached.**

St. Martin Humane Society (SMHS) and \_\_\_\_\_ (foster) enter into this agreement.

**First and foremost ALL Foster Parents must be in agreement and able to transport rescue/s (after vetted according to our requirements) to Adoption Events at least ONCE a MONTH, if any/all rescues in my care miss one month (30 days) we (foster parent & SMHS) both agree I will adopt the rescue being fostered in my care for SMHS. \_\_\_\_\_ initials**

- 1. You must be in agreement to leave your feline rescues in cages at the PetSmart Love- A- Pet Center for exposure to be adopted after vetted (one week intervals and be able to pick your feline up before or one week to the day of leaving there. If not in agreement, you must bring your feline to at least one weekly adoption event we attend.**
- 2. I understand that foster dogs must be kept on a leash AT ALL TIMES when in an unfenced or unenclosed area. Cats must be kept indoors.**
- 3. I will not leave foster dogs in my care tied up.**
- 4. I will not leave foster animals in an unattended vehicle.**
- 5. I agree to arrange my family's schedule so that foster animals are rarely left alone for more than eight continuous hours.**
- 6. I agree to attend to my foster animal's needs for socialization and play time.**
- 7. I will not mistreat, abuse, surrender, give away, sell, or euthanize foster animals in my care.**
- 8. I will not allow any foster dogs in my care to be trained or used as guard or attack dogs.**
- 9. I will notify SMHS if any foster animals in my care are lost or stolen and to make reasonable efforts to locate them.**
- 10. I will take adequate care of any foster animal in my possession, providing:**

- a) Safe environment
  - b) Food
  - c) Clean drinking water
  - d) Shelter
  - e) Bathing and grooming (**especially the day of or before adoption events**)
  - f) Parasite protection and control
  - g) Administration of medications, treatments, and special diets as determined by the veterinarian.
11. I will notify SMHS of needed food and medications.
  12. I will feed and use the food and medications provided by SMHS.
  13. I will use the services of the SMHS affiliated veterinarian.
  14. I will notify SMHS immediately of changes in the health of foster animals.
  15. I will receive authorization from SMHS prior to incurring medical expenses for foster animals.
  16. I will be responsible for the transportation of the foster animals to and from the veterinary office.
  17. I will maintain the foster animals at the residence listed on this agreement and will notify SMHS if I plan to relocate.
  18. I attest that all residents of my household approve my decision to foster animals and will abide by this Foster Agreement.
  19. SMHS reserves the right to check on the welfare of the fostered animals on my premises during normal hours.
  20. I agree to make my home and my foster animals available during normal hours for viewing by SMHS.
  21. I understand that if I am found to be non-compliant with this agreement, SMHS reserves the right to reclaim both possession and ownership of any foster animals without payment of any kind and I waive all claims to trespasser.
  22. I understand that SMHS must approve all adoption applications and I may not promise an adoption of any fostered animal.
  23. I understand that I must make my foster animals available to prospective owners during normal hours.
  24. If I determine that I want to adopt my foster animal, I will notify SMHS and proceed with the adoption process.
  25. I understand that St. Martin Humane Society cannot guarantee the temperament of any animal. There is an adjustment period for any foster animal coming into my home. Foster animals, being living animals, may act unpredictably. As a foster home, I agree to take necessary precautions to prevent accidents and guard against unpredictable actions by the animals in my care. I agree NOT to hold St. Martin Humane Society, its members, representatives and volunteers responsible for the behavior and or medical condition of any of the foster animals or for any damages or injuries to persons or property caused by animals in my care.

I have accurately completed this agreement. I have read and understood the content of this agreement.

Signature(s) of Foster: \_\_\_\_\_ Date \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Signature(s) of Spouse or Roommate(s): \_\_\_\_\_ Date \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Approved by SMHS Representative: \_\_\_\_\_ Date \_\_\_\_\_

**MAIL THE ORIGINAL TO THE FOSTER COORDINATOR LISTED ABOVE**