



Temporary Foster Contract

Owner Details:

Name: _____ Phone Number: _____
 Address: _____
 Email Address: _____

Animal Details:

Animal Name: _____
 Species: _____ Breed: _____ Sex: _____ Spayed/Neutered: _____
 Medical Condition as described by owner: _____
 Vaccination Records Provided: _____

Reason for Surrender: Participation in the Temporary Foster Program

Surrender Conditions

I certify that I own the animal(s) described above and hereby surrender all interest, claim, right, or title to the animal(s) and understand that they will become Michigan Humane Society (MHS) property. I agree that MHS will be responsible for the care of the animal from _____ to _____. I understand that on _____, when I am again able to care for my animal(s), MHS will return ownership to me.

I understand that the animal's(s') care will be provided in an MHS-approved foster home and that all placement decisions will be made by MHS based on the animal's(s') best interest.

If, at any time before the anticipated end date noted above, I can care for my animal(s), I will notify MHS and MHS will return my animal(s) to me. If, at any time, I decide that I will not be able to accept the return of my animal(s), I will notify MHS. MHS will then evaluate my animal for adoption and make an appropriate disposition decision.

I understand that MHS, as the animal's(s') owner, has the authority to place the animal(s) in a permanent adoptive home(s) (with no guarantee of adoption together in the case of more than one animal) if:

1. the animal remains in foster care beyond the time agreed to above and I have not notified MHS; or
2. MHS cannot reach me within 72 hours, using any of the contact information I provided.

Program Eligibility

I understand that my animal(s) will be subjected to a behavior and health evaluation to determine whether they are suitable for temporary foster care with MHS. I have provided MHS with all relevant behavior information regarding my animal(s) and know that they may behave differently in unfamiliar environments.

I understand that MHS will contact me within 3 business days to discuss assessment results by telephone. If my animal(s) is eligible for placement, I will receive a courtesy call to inform me that my animal(s) will be placed into an MHS foster home as soon as possible.

If deemed ineligible for temporary foster placement at MHS, my animal(s) must be reclaimed, or they will be considered a candidate for humane euthanasia. If I do not contact MHS within 3 business days to discuss reclaiming my animal(s), this will be considered a non-response and an authorization to proceed with euthanasia.

Veterinary Care

I understand that, as the animal's(s') owner, MHS is authorized to provide all veterinary care that is required in the event of the animal's(s') illness, accident or other medical condition. MHS has the right to humanely euthanize the animal(s) should a veterinarian decide that the animal(s) is suffering, that all reasonable attempts to treat the animal(s) have been made and/or that prolonging the animal's(s') life would be considered inhumane.

Emergency Contact

If MHS is unable to reach me in an emergency, I authorize MHS to contact the following person:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Indemnification

In consideration of the care provided to my animal(s) through MHS, I agree to indemnify, defend, and hold harmless MHS and its successors and assigns; directors; officers; employees; private veterinarians and clinics with whom MHS may work to provide treatment to my animal(s); volunteers; and foster caregivers from and against any and all demands, claims, causes of action, penalties, fines, assessments, losses, damages, costs, or expenses (including reasonable attorney fees) arising from any aspect of my animal's(s') care through the Temporary Foster Program including, but not limited to: the medical treatment provided to my animal(s); bites or injuries inflicted by my animal(s) on a human or another animal(s), and any decisions MHS makes relative to my animal(s), including placement in a foster or adoptive home or euthanasia.

Signatures

I certify that I have reviewed the information and representations provided above, and that the information I have provided to MHS is true and accurate, and I acknowledge and agree to be bound by the indemnification statement provided above.

Client Name

Date

MHS Representative

Date