

Charles City County Animal Shelter Foster Contract

OFFICE USE ONLY: Behavior	Medical	Foster To Adopt	Surrender & Foster	Other
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Species	No. of Animals (full details on reverse)	Reason for Foster Care Placement	Estimated Foster Care Placement Time (in days or weeks)	Date of Initial Placement	Return to the Charles City County Animal Shelter By
Cat / Dog					

TERMS AND CONDITIONS:

- I hereby acknowledge receiving the animal(s) described on the reverse side of this contract.
- I understand that title to the animal(s) belongs to the Charles City County Animal Shelter and that this title is not being conveyed to me as part of this foster care arrangement and that the control of this animal or animals remains with the CCC Animal Shelter.
- I agree to provide the animal(s) loving care, including at a minimum: adequate food, adequate water, adequate shelter that is properly cleaned, adequate space for the particular type of animal depending upon its age, size, species and weight, and adequate exercise. I also agree to follow CCC Animal Shelter instructions related to transportation and provision of veterinary care in order to prevent suffering and/or disease transmission.
- I agree to keep the animal(s), if puppies, kittens or adult cats, indoors at all times. I agree to keep the animal(s), if adult dogs, primarily indoors with appropriate, supervised outdoor time for leash walks, exercise and play. I further agree to directly supervise this animal when interacting with other animals in my home, and not to leave this animal unsupervised with other animals in my home.
- I understand that medicines and other supplies provided by the CCC Animal Shelter are for use with CCC Animal Shelter foster care animals only and that these medicines and supplies are not to be administered to animals for which the CCC Animal Shelter does not hold title or to any animal for which it was not prescribed. I agree to return to the CCC Animal Shelter any and all foster care supplies provided by the CCC Animal Shelter when I return my foster care animals.
- I understand that all emergency and after-hours veterinary care must be authorized in advance by a representative of the CCC Animal Shelter. I agree to personally incur the cost for any such treatment for which I have failed to receive pre-authorization by the CCC Animal Shelter.
- I agree not to travel with the animal(s) outside of the Greater Richmond metropolitan area in the event the animal(s) experience(s) a medical emergency that requires immediate attention by an approved emergency hospital coordinated by the CCC Animal Shelter.
- **I understand and acknowledge that I do not have title to the foster animal(s) to which I am providing care, and therefore, I have no right or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals.**
- I agree that every CCC Animal Shelter dog or cat for which I provide foster care must be physically returned to the CCC Animal Shelter by the date set forth above or at any time upon the request of the CCC Animal Shelter. I also agree to return the animal(s) to the CCC Animal Shelter immediately should circumstances arise that preclude me from being able to provide the animal(s) with adequate care as described above.
- I agree to provide information and materials (such as temperatures, weight measurements, fecal samples, etc.) related to the animal(s) to CCC Animal Shelter staff when requested.
- I agree to hold the CCC Animal Shelter harmless from any direct or consequential damages arising out of this foster care arrangement.
- I acknowledge that the CCC Animal Shelter may terminate this or any other foster care arrangement at any time in its sole discretion.
- I certify that no person residing in the household where the animals will be fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment or domestic abuse.
- I understand that no animal may ever leave the control of the CCC Animal Shelter without having first been spayed or neutered.

Foster Care Provider Name

Day and Evening Telephone Numbers

Foster Care Provider Signature

Date

Signature of CCC Animal Shelter Representative

Date

TO WHOM IT MAY CONCERN:

My signature is your authority to do a criminal background in regards to me adopting an animal at the Charles City County Animal Shelter. This release allow to the proper official presenting this authorization to use in conducting research specifically relating to my suitability as a adoptor for Sheriffs Office / Animal Shelter of the County of Charles City.

CERTIFICATION

The facts set forth in my application for Adoption are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of any adoption. I understand this information is for use by Charles City County Sheriff's Office / Animal Shelter and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release. I understand that if a adoption is offered, such offer shall be at the behest of the Sheriff of Charles City County. And your offer for adoption can be rescinded at any time by the Sheriff.

SIGNATURE OF APPLICANT:

DATE:

Applicant's Signature must be notarized below:

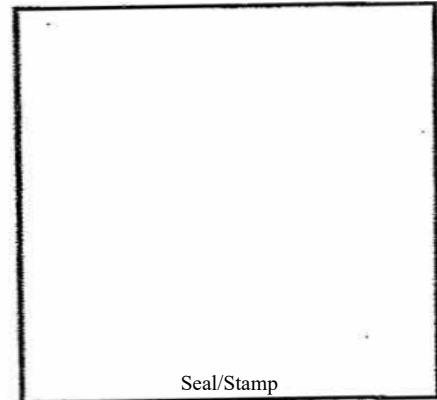
State of Virginia, County/City of _____

This ___ day of _____, 20__ .

_____ personally appeared before me
(Name of applicant)

and acknowledged his/her signature to the statement on the page,

My commission expired on the ___ day of _____, 20__



Notary Public: _____

Notary Registration Number: _____