



Equine Foster Care Agreement

This agreement made this _____ day of _____, 200__ by and between _____
_____ (hereinafter called "Foster Caregiver"), and The Humane Society of Garland County, Inc./Garland County Animal Welfare (hereinafter called "HSGC").

Equine's Name: _____ Case Name or Number: _____

Breed: _____ Gender: _____ Altered: _____

Description (color, markings, tattoos, scars.): _____

Please initial after each paragraph acknowledging the understanding and acceptance of the paragraph.

1. The Foster Caregiver hereby accepts from the custody of the HSGC a certain animal(s) described above and Foster Caregiver agrees to humanely take care of said animal; providing shelter from the elements (rain, snow, sun, etc..) and keeping fresh water accessible at all times (at will- free will basis) to said animal along with a sufficient amount of wholesome food (grain or pellet feed) to be fed at least every twelve (12) hours. This food (grain or pellet feed) does not include pasture grazing or hay which should be accessible at all times (at will- free will basis). _____

1a The Foster Caregiver agrees to allow an officer of the HSGC to inspect the premises where the animal(s) will be or are currently being kept at any time to ascertain that the animal is well cared for and has the appropriate containment area(s) for said animal(s). Under normal circumstances, the HSGC will give prior notification of its intent to inspect, but reserves the right to make unannounced visits as it deems necessary. _____

2. The HSGC does not pay for: feed or hay for fostered equine, supplements, or ordinary care expenses, up to \$100.00 for one service unless stated so in writing by either the Treasurer, Secretary, President or the Vice President of the HSGC (hereinafter called "Executive Board"). Beyond \$100.00 for one service, it is the option of the HSGC or its designee whether or not to reimburse for the expense incurred. Single expenses over \$250 require prior approval of the Executive Board. The HSGC will provide a valid tax receipt for expenses with original receipts. Foster Caregivers must submit receipts for care every 30 days; beginning on the first day of the month after the foster care began for items/bills stated so in writing by one of the above mentioned Executive Board. Only original receipts are accepted and must be received by the Treasurer of the HSGC. The name and or number of the equine must be printed clearly on the receipt, along with the date of service or purchase. Receipts must be separate from expenses incurred in conjunction with privately owned equine. _____

- 3.** Foster Caregivers may not, under any circumstances, claim ownership of any equine owned or in the legal custody of the HSGC. This includes putting your own name in the 'name of owner' section of a Coggins test or any other documents or accepting a receipt in your name only, not showing the HSGC's name anywhere on the receipt. The Foster Caregiver's name may appear on the receipt; however, the HSGC must appear as sole owner/legal custodian. _____
- 4.** Foster Caregivers may not move the equine, temporarily or permanently, without the express written consent of an Executive Board member unless the fostered equine is in direct of eminent danger as a result of an unforeseen natural disaster (i.e. tornado, flood, hail storm) or unforeseen drastic change to the foster care facility which renders it unsafe (i.e. barn fire, fence damage), the Foster Caregivers may move the equine to a safe location on an emergency basis. If such an emergency should occur, the Foster Caregivers MUST notify a member of the Executive Board of the physical location within 48 hours. Foster Caregivers are permitted to transport the equine for purposes such as veterinary care. _____
- 5.** Fostered equine shall not be transported across state lines for any reason. _____
- 6.** Foster Caregivers agree to notify the HSGC Board of Directors or its designee as to any behavioral or health problems of the animal. The HSGC reserves the exclusive right to determine the proper course of action to take upon such notification. Foster Caregivers may not euthanize any equine owned/overseen by the HSGC without the express consent of at least two members of the Executive Board. _____
- 7.** If an equine in foster care dies, the possessing Foster Caregiver hereby agrees to have a veterinarian certify the death in a written statement within 24 hours. Once the veterinarian certifies the death, the Foster Caregiver must still notify the HSGC or its designee within 24 hours. The written certification of the death must be received by the HSGC or its designee within 2 weeks. It is recommended the Foster Caregivers use a registered or certified mail if not delivered in person. _____
- 8.** Foster Caregivers will notify the HSGC or its designee in the event any change occurs in the address or telephone numbers listed below. Foster Caregiver understands and acknowledges that he/she does not have any right or authority to keep the foster animal or place foster animal in other homes or place with other individuals unless permission is given in writing by the HSGC. _____
- 9.** By signing this contract/agreement, the Foster Caregivers hereby releases the HSGC of any financial responsibility from accident or injury to persons, property, or any animal(s) including the equine being fostered, and agree to assume all moral and financial responsibilities and obligations should such an accident or injury take place while in the possession of the Foster Caregivers and during transport to any place for any reason. This agreement extends to periods when, and places where, the equine is transported to by the Foster Caregivers (i.e. trail rides, veterinarian trips, etc.). _____
- 10.** By signing this contract/agreement, the Foster Caregivers also assumes responsibility for all legal expenses incurred by the Foster Caregivers and the HSGC should legal action become necessary to enforce the terms and conditions stated herein, which the Foster Caregivers agree to uphold by signing this contract/agreement. _____

11. Terminating your foster care responsibilities:

Foster Caregivers hereby agree not to release responsibility or care of the equine to anyone not authorized in writing by the Executive Board to accept responsibility of the equine. If such should occur, the Foster Caregivers hereby agree to be financially responsible for any and all charges incurred in connection to the care of the equine from the time it is released until the time the HSGC takes possession of it again. _____

My/Our signatures below say that I/We have read and understood the terms and agreement set forth herein and that I/We agree to abide by them from this moment on:

Signature of Foster Caregiver (s): _____ **Date:** _____

Signature of HSGC (Executive Board): _____ **Date:** _____

Date fostering began, if different than above: _____

Address/Location of foster facility: _____ City: _____

_____ County: _____ Directions if no physical address to facility: _____

If the foster caregiver fails to comply with any of the conditions or stipulations set here, Humane Society of Garland County, Inc., reserves the right to regain possession of the horse/horses. The foster caregiver agrees to permit a representative of Humane Society of Garland County Inc, to visit the property location, horse/horses with no prior notice. The foster caregiver also agrees to allow Humane Society of Garland County, Inc. to return a horse/horses to the program IF the well being of the horse/horses is determined by the Board of Directors of the Humane Society of Garland County, Inc. or their representative (with approval) to be threatened.

By signing below, I certify that I have read and accept the terms, conditions, and stipulations that pertain to the fostering and placement of horse/horses from Humane Society of Garland County, Inc. I understand that these terms, conditions and stipulations apply to the horse/horses that will be listed on this form at the time of placement. A copy of this agreement will be sent to you after the complete process of the fostering has taken place.

Signed this _____ **Day of** _____ **2005.**

Applicants Name _____

Applicants Signature/SS# _____ **SS#** _____ / _____ / _____

Board of Director (1) Signature _____

Board of Director (2) Signature _____

**** Two signatures of Board Members are required to complete this process.