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381R Baldwinville Rd.

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**Phone:** 978-297-2673  
**Email:** [info@ahimsahaven.org](mailto:info@ahimsahaven.org)  
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**Foster Agreement for \_\_\_\_\_\_\_\_\_\_\_\_**

Name of Foster Parent (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a Foster Parent, I agree to:**

* Act as this animal's advocate, and inform an officer of Ahimsa Haven of the need for preventative and emergent medical care.
* Provide transportation to any veterinary or groomer visits (to be paid by Ahimsa Haven).
* Administer any medications or supplements as prescribed by a veterinarian or recommended by an officer of Ahimsa Haven.
* Abide by Ahimsa Haven's adoption policies in the care of this animal including: not kept in basement, not left unattended outside, never allowed loose outside, wearing a collar with rabies and ahimsa Haven tags at all times. Cats are to be kept indoors only.
* Take reasonable precautions to protect my property, pets, and people in my home. Ahimsa Haven is not responsible for damages caused by the animal while in foster care.
* Communicate any behavioral issues including inappropriate bathroom habits to an Ahimsa Haven agent immediately.

***Please Turn Over To Complete This Form***

**As a Foster Parent, I agree to:**

* Notify an officer of Ahimsa Haven immediately if I am no longer able to care for the animal.
* Respond to approved applicants within 24 hours to arrange for a meeting.
* Ensure proper documentation is available prior to adoption including proof of - Spay/Neuter (if applicable)

- Rabies

- Distemper (FVCRP for cats/DHPP for dogs)

- Microchipping

- Disease testing (FLV/FeLV for cats/ 4 way "snap"............

* Provide an Ahimsa Haven officer with updated photos and information on the animal's personality and temperament within a reasonable amount of time if asked.
* Inform an officer of Ahimsa haven immediately if I am unable to abide by any part of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Foster Parent*             Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Ahimsa Haven Inc. Representative* Date

**Doc. Rev 1-10-2016**