# Shawano County Humane Society (SCHS)

1290 Jaycee Court, Shawano, WI 54166

715-526-2606

Foster Caregiver Release Form

The Undersigned (Hereinafter “Foster Caregiver”) agrees as follows:

Foster care refers to a pet (or pets) being placed in a foster home for the purpose of providing specialized treatment for a designated amount of time.

Pet(s) may be placed in foster care for a variety of reasons, such as being pregnant, too young for adoption, in need of special feeding or care, recuperation from surgery, being treated for disease, (including contagious disease) and needing socialization or training.

Although Shawano County Humane Society (hereafter SCHS) will explain what it knows about the pet’s (or pet’s) behavior, medical history, and needs to Foster Caregiver, such information may be out-of-date, erroneous, or incomplete.

SCHS makes no warranties or claims as to the health, temperament, or disposition of the pet(s).

The Foster Caregiver shall care for the pet(s)in the most responsible manner providing proper shelter. The Foster Caregiver shall always restrain the pet(s) appropriately. SCHS will provide food and be responsible for medical care, and the Foster Caregiver shall follow SCHS feeding and medical care instructions, which may require taking pet(s) to a veterinarian if requested and authorized by SCHS. The Foster Caregiver must call the shelter before taking the animal to veterinarian and ask for Pam or Traci. The Foster Caregiver must take the pet(s) to Hometown Veterinary Clinic in Clintonville.

When dogs are allowed outside, they must be on a leash or in a fenced in yard, Cats shall be kept inside.

**The Foster Caregiver takes full responsibility for all foster pets and their actions while in his/her care. SCHS (including its employees and volunteers) shall not be held responsible for any damage or injury to any person or property caused by any pet(s) while in foster care.**

SCHS legally owns the pet(s) placed in foster care. Ownership is transferred only when an adopter and SCHS sign an adoption agreement, and the adopter pays the adoption fee to SCHS.

SCHS reserves the right to have the pet(s) returned to the shelter facility at any time. SCHS also reserves the right to refuse any adoption.

**By signing below, the Foster Caregiver acknowledges that he/she has reviewed this Foster Caregiver Release Form, understands it, and accepts its terms and conditions.**

Name of animal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Foster Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle one:

Temporary Foster or Foster to Adopt