Mohave County Animal Shelter
Foster Agreement

I_____, agree to act as temporary Foster Home for Mohave County Animal Shelter (herein known as MCAS.) I have completely read and fully understand the Mohave County Animal Shelter (MCAS) Foster Handbook and agree to adhere to the following rules, guidelines, and principles.

1. I agree that the animal(s) I care for legally belongs to the Mohave County Animal Shelter (MCAS).
2. I will notify MCAS if a change occurs in my address, telephone number, or the health of the animal(s).
3. I understand that MCAS retains legal control of the animal and that I am not authorized to make any legal or medical decisions on the animal(s) behalf.
4. I understand that the animal(s) I am fostering may not be altered during the foster period.
5. I agree to allow a representative of Mohave County Animal Shelter to visit my premises to ensure the terms of this agreement has been kept.
6. I agree to provide the animal(s) with adequate fresh food and water, clean, dry shelter when outside, and daily exercise.
7. I agree that I cannot take the animal(s) out of town unless directed by MCAS.
8. I agree to provide a safe collar with rabies and I.D. tags to be always worn.
9. I agree to obey all applicable laws governing control and custody of animals
10. I agree to foster the animal(s) as a family companion only.
11. I agree to bring the animal(s) to veterinary appointments and adoption events or allow for MCAS to decide to make alternative transportation to get them to the appropriate appointments/events.
12. I agree to respond to Mohave County Animal Shelter within twenty-four hours concerning the animal(s) and/or potential adopters.
13. I understand and agree that if the animal(s) needs extensive medical treatment, MCAS may request the immediate return of the animal(s) and may euthanize the animal(s) if MCAS or our veterinarian deems it to be necessary.
14. MCAS makes no guarantees or statements regarding the animal(s) age, breed, health, or temperament. While MCAS has made every effort to provide accurate history and assessment of the animal(s), MCAS is not able to guarantee the animal(s) age, breed, medical status, behavior, or disposition. MCAS is available for consultation, advice, and assistance pertaining to the health, training, and compatibility of the animal(s).
15. All medical expenses that are approved by MCAS and treated through MCAS approved veterinary office will be covered by MCAS. If you take our animal(s) to your vet, it will not be covered.
16. If you choose to adopt your foster animal. You will be required to fill out an adoption application. Upon receipt it will be processed to Mohave County Animal Shelter guidelines.

If fostering a dog:

17. I agree that the dog(s) are not to ride loose in the bed of pickup trucks, convertibles, or to be left in a car when air temperatures exceed 70 degrees.
18. I will not allow the dog(s) to run at large.
19. I agree to have a clean, secure fenced area. If a fenced enclosure is not available, I agree to leash walk dog.
20. I agree to always transport the dog(s) on a leash.
21. I will not take the dog(s) to an off-leash part and allow the dog(s) to run loose.
22. I agree to agree to allow potential adopters that MCAS has approved to meet the foster dog at the family home OR at another reasonable location.

If fostering a cat:

23. I agree to always keep the cat(s) indoors.
24. I agree to always transport the cat(s) in a carrier.

I agree to defend, indemnify, and hold harmless the Mohave County Animal Shelter from any direct, remote, and/or consequential damages which may result from this foster care agreement. I/we agree to abide by the foster conditions, and I/we have read and fully understand that Mohave County Animal Shelter may repossess this animal(s) at any time if the foster conditions are violated or the animal(s) are mistreated.

Foster Name (Please Print): _____

Foster Signature: _____ Date: _____