



Animal Care and Control Foster Agreement Form



I wish to foster animals for the City of Middleburg Heights Animal Care and Control and will be participating at my own risk. I acknowledge that my participation is voluntary and does not constitute a condition or requirement of employment. I attest that I do not have any physical or mental conditions that would prevent me from fostering. I am medically fit and physically prepared to conduct such activities.

Those who foster animals ("fosters") are advised and understand that fostering can require working with unpredictable animals. The City of Middleburg Heights will not be held responsible or liable for injuries or accidents that may occur as a result of fostering in or on the premises of this facility.

Fosters are advised and understand that the following is a list of some, but not all, of the risks associated with fostering at this facility:

- Bites or scratches from animals
- Being knocked down, jerked or pulled excessively by animals
- Injuries to wrists, hands or fingers from dog leashes
- Slips, trips or falls from wet floors, kennels or equipment
- Exposure to fleas, ticks, ringworm, FIV, FeLV, upper respiratory infections, and other illnesses
- Internal or external parasites
- Zoonotic illnesses (human illnesses contracted from animals)
- Injuries related to lifting animals, food or equipment
- Injuries caused from grooming equipment; such as scissors, clippers etc.
- Exposure to cleaners, latex gloves or parasite control products
- Loss or damage to personal property

Recognizing the possibility of risks, death and injury associated with this program, and in consideration for the City of Middleburg Heights Animal Care and Control allowing me to foster, on behalf of myself, as well as my heirs, executors, administrators and assigns, I hereby release and agree to indemnify and hold harmless the City of Middleburg Heights and its agents, employees, affiliated organizations, and any other associated personnel.

Fosters understand at any time, at the discretion of the Animal Care and Control Officer, their participation may be terminated and they may be asked to return animals and/or supplies. Failure to return animals and/or supplies within 24 hours of termination notice could result in

prosecution. Those whose participation is terminated are forbidden to return to shelter premises.

Fosters warrant and represent that each of them has the authority to enter this agreement. I am over 18 years of age, and understand, agree and consent to all the above listed.

Signature Date

Printed Name of Foster: _____

Signature of Foster: _____

Foster Date of Birth: _____ Foster Phone Number: _____

Foster Address:

City: _____ State: _____ Zip: _____

Will animals and supplies be kept at the above address? _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Questionnaire

1. Have you ever fostered at a shelter or rescue before?
2. Have you ever worked professionally with animals?
3. Do you have pets or children at home? What kind of pets do you have?
4. Do you have any other animal related experience?
5. Are there any animals you are uncomfortable handling?
6. When are you available to foster?
7. Are you available for on-call or last-minute fostering?
8. Have you ever administered medicine to animals?
9. Would you be interested in training seminars?
10. What would you like us to know about you?