



P.O. Box 1216
League City, TX 77574
Phone: (281) 286-3535
E-mail: pets2adopt@yahoo.com
www.secondchancepets.org

FOSTER CARE AGREEMENT

Please initial each statement indicating your concurrence.

_____ I acknowledge receiving the animal(s) described and agree to provide foster care for the animal(s) including food, water, and shelter, and to administer supplied medications as required.

_____ I understand that I must arrange for any veterinary care services through SCP in advance should the need arise. I acknowledge that SCP will not reimburse me for veterinary services that were not explicitly authorized through SCP.

_____ I understand that the animal(s) remain the sole property of SCP and I agree to return the animal(s) to SCP upon request.

_____ I acknowledge that I do not have any right or authority to keep or place foster animals in other homes without approval from SCP.

_____ Should I decide to adopt the animal, I understand that I must notify SCP of this intent, submit an application for approval, and pay the applicable adoption fee within two weeks of notifying SCP. Animals remain the property of SCP until the formal adoption process has been completed.

_____ I understand that I am fostering a stray or abandoned animal and therefore, SCP cannot guarantee the animal's temperament or health. Despite health screenings, the possibility exists that an animal could be harboring illness or parasites that could be transmitted to other pets.

_____ I expressly release SCP from any liability and any damages arising out of this foster care arrangement.

Print Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Ph: (____) _____ Work Ph: (____) _____

E-mail: _____

Pet Name: _____ ID # _____ DOG / CAT M / F

Description: _____

Signature of Owner/Agent: _____ Date: _____

Witness/Agent for SCP: _____ Date: _____

----- **Instructions** -----

Vaccinations Due:

Treatment/Meds:

Heartworm Preventative Given: