The City of Poughkeepsie

New York

ANIMAL CARE & CONTROL

animalcontrol@cityofpoughkeepsie.com



62 Civic Center Plaza Poughkeepsie, New York 12601 TEL: (845) 451-4139 FAX: (845) 475-9400

FOSTER AGREEMENT

Γhis agreement made this day of, 20	_, by and between
hereinafter called "Foster Caregiver"), and the City of	Poughkeepsie is made with the understanding that Foster
Caregiver is not becoming the owner of any said animal	(s) and assumes no ownership rights in said animal(s).
Foster Caregiver hereby agrees to foster the following a	nimal:
Animal Name:	_
Species:	
Breed:	
Male/Female	
Neutered? Yes/No	
Spayed? Yes/No	
Description (color, markings, size,	
etc.):	
,	

Foster Caregiver agrees to contact City of Poughkeepsie Animal Care and Control with weekly updates adequately describing the animal's care, health, progress, demeanor and any other information requested by Animal Care and Control.

Foster Caregiver agrees to provide foster animal(s) with adequate and appropriate food and water at all times taking into account any special dietary needs of the foster animal(s). If foster animal(s) has been prescribed medication, Foster Caregiver hereby agrees to continue administering the medication as directed.

Foster Caregiver agrees to allow City of Poughkeepsie Animal Care and Control to inspect and examine the premises where the foster animal(s) will be kept. Said inspection(s) may occur at any time to ascertain the well-being of the foster animal(s).

Foster Caregiver agrees not to alter in any way the appearance of the foster animal(s) without written permission of City of Poughkeepsie Animal Care and Control. This includes declawing, cropping of ears or tails, or any other alteration that permanently or temporarily changes foster animal(s) appearance.

If during the foster period the animal(s) need medical attention, I will contact City of Poughkeepsie Animal Care and Control immediately. If an emergency presents itself whereby the animal(s) is faced with a serious injury and/or death and City of Poughkeepsie Animal Care and Control cannot be reached, Foster Caregiver will take the animal(s) to one of the veterinarians listed on the attached sheet. Failure of the Foster Caregiver to follow said procedures will result in the Foster Caregiver's responsibility for resultant vet bills.

The foster animal(s) must wear an I.D. tag supplied by this Office at all times. The foster animal(s) will not be permitted to roam free. Dogs must be leashed walked or kept in a secure fenced-in yard. Foster Caregiver will not allow foster animal to mate with another animal. Foster Caregiver will not sell, trade or dispose of the foster animal(s) as said animal(s) are the property of the City of Poughkeepsie until such time as it is legally reclaimed by its owner or adopted. If Foster Caregiver decides to adopt the animal(s) he/she shall comply with all of the City of Poughkeepsie's animal adoption requirements.

from any and all damages. Foster Caregiver agresult of damage caused, or allegedly caused, b limited to, bites, scratches, disease, and propert Poughkeepsie will not be responsible if foster a transfers any disease or internal or external para	the City of Poughkeepsie, its employees and agents harmless grees to protect and defend the City in any claim or suit filed as a by foster animal(s). Such damage includes, but is in no way ty damage to any person, property or animal(s). The City of animal(s) injures any person(s), damages or destroys property, easite to any other persons or animals. Wing medical and behavioral characteristics of the foster
exist or observed by City of Poughkeepsie Animanimal(s) may exhibit unknown or previously traccepts any risk associated with said behavior(s	we are the only medical and behavioral characteristics known to mal Care and Control. Foster Caregiver understands that foster un-exhibited behavior(s). Foster Caregiver hereby assumes and s). Ontrol reserves the right to end the foster agreement at any time.
FOSTER CAREGIVER'S PRINTED NAME	ACO PRINTED NAME 62 CIVIC CENTER PLAZA POUGHKEEPSIE, NEW YORK 12601
ADDRESS	Tele.(845) 451-4139
HOME PHONE	ACO SIGNATURE
CELLULAR PHONE	
E-MAIL	
FOSTER CAREGIVER'S SIGNATURE	

THE CITY OF POUGHKEEPSIE, ANIMAL CARE & CONTROL

REQUIRED INFORMATION OF FOSTER CAREGIVER:

DRIVERS LICENSE:
CURRENT EMPLOYMENT (Employer, Address, Phone #, Title, Length of Employment):
RESIDENCE:
Own (Address, Landline Phone #):
Rent (Landlord, Contact Information, Address of Rental, Unit #):
PERSONAL REFERENCES (3):