



Foster Parent Agreement Form

Type of fur angel and age range or Name:	CANINE <input type="checkbox"/>		
	FELINE <input type="checkbox"/>		
Your Name and Surname			
Address where pet will live			
Contact Number:	Cell 1	Cell 2	
Contact Email Address:	Email 1	Email 2	
I.D. Number/s:			
Would you like to be on our mailing list?	Yes	No	
Ages of children staying in your home?			
Do you have other Animals? How many?	DOGS	CATS	OTHER
Age(s) & Gender(s)			
Breed of animals at home?			
Socialised and friendly towards others?			
Sterilised YES OR NO?			
If not sterilised please provide a reason?			
Are your pets (cats & dogs) fully vaccinated?			
What diet are your pets on?			
Quantity hours pet would be alone for during the day? With who?			
Where will your foster sleep?			
Have you ever surrendered your animal to a rescue org or given a pet away? If so, Why?			
What happened with previous pets?			
Have any of your companions gone missing?			
TYPE OF FOSTERING OFFERED:	UNTIL ADOPTION <input type="checkbox"/>	HOLIDAY <input type="checkbox"/>	

I, _____ (name of foster applicant),

make the following statements and voluntarily enter into this agreement to provide temporary care and custody and necessary sustenance as a foster caregiver to rescued animals in the care of Fallen Angels Pet Rescue.

I take cognisance of the following with regards to the care and wellbeing of the foster animals for which I am responsible:

1. That I am over the age of 21 years of age.
2. I have my own transport and am able to take my foster animal to the vet when necessary.
3. I understand that the organisation provides no guarantee as to the health of my foster animal, and that my foster animal may have medical needs, socialization problems, and not be housebroken.
4. I will not arrange or pay for, or otherwise cause, any elective veterinary procedure to be performed on my foster animal during the period covered by this agreement, without the express verbal consent and vet booking of a senior organisation member.
5. I understand that Fallen Angels is a non profit organisation and relies entirely on donations. To this end, I agree, when taking my foster animal to the Fallen Angels vet for necessary medical treatment, that I will be responsible for the bill.
6. I understand that, once my foster has been adopted and the adoption fee paid, I may claim back veterinary expenses up to the value of the adoption fee, against proof of expenditure.
7. I agree to send photos to Fallen Angels when requested and bring my foster animal to adoption days when requested.
8. I understand that I may only have my foster animal temporarily, if I decide to adopt the animal, I will inform Fallen Angels immediately, complete the correct paperwork and pay the adoption fee.
9. I agree that I am fostering this animal for the organisation, and that I do not have any right of ownership over my foster animal. I further agree that the organisation's rights in and to my foster animal are superior to mine. I also agree to provide the organisations representatives, access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.
10. I agree to immediately return any foster animal in my care to the organisation, at the request of the organisation at any time and for any reason. If the organisation is forced to undertake any action to force this provision of the agreement, I agree to indemnify the organisation for all court costs and attorneys' fees connected with such an action.
11. If I am planning to move at any time during the period covered by this agreement, I agree to contact the organisation prior to my move, with new contact information. I understand that the organisation has the right to request return of my foster animal based on such a change of residence, and agree that I will surrender my foster animal to the organisation immediately upon request.
12. If at any point I can no longer, or do not want to continue to, provide care, food and shelter for my foster animal, I agree to contact the organisation Representative and arrange for surrender and return of my foster animal back to the organisation.
13. I agree to contact the organisation Representative with any and all questions or concerns about my foster animal or the fostering program, as well as with updated contact information. I also agree to contact the Representative with regular updates on the health status of my foster animal. I agree that the foster animal will be taken to vets specified by the Organisation or only to alternative vets only if I received verbal agreement to do so. I have no right to make any medical decisions related to the animals health ,wellbeing or veterinary care without the consent of the organisations representative.
14. I agree that if I refuse to comply with any provision of this agreement, the organisation has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animals. I further consent to provide the organisation representatives with access to my premises if necessary to facilitate the return.
15. I agree to do everything in my power to supply a safe environment for the foster animal and will

not at any time put the animal in harm's way. If this is done I agree that the organisation has a right to claim negligence on my part.

16. All foster animals will be fed daily and will at all times have access to fresh clean water and shaded shelter against the environmental elements. Animals under the age of 4 months will be kept inside during the day and will sleep inside my home at night. Young animals are not to be left unattended outside for long periods of time.
17. I agree that I will send photos of my foster within one week from the date that they come into my care, provided that they are in the condition to be rehomed. If not, I agree that I will bring this under the attention of one of the organisation's representatives.
18. I agree that I am not allowed to rehome any animal without the consent of the organisation's representative.
19. If you have any queries or concerns please email info@fallenangels.org.za or call Stefanie on 072 931 1102 or Shireen on 076 993 9670.

I have read this Agreement in its entirety, and I agree that all statements and stated agreements contained in this document are made by me, and are truthful.

Signature: _____

Date: _____

Print name: _____

Organisation Representative's Signature _____

Date: _____

Print name _____