

# EASEL Animal Rescue League

## FOSTER CONTRACT

Please fill in information, check boxes and sign at the bottom.



P.O. Box 5903  
Lawrenceville, NJ 08638  
Phone: 609-883-0540  
Fax: 609-631-8038  
[www.easelnj.org](http://www.easelnj.org)

**Check one:**  Foster-to-Adopt  Guardian Angel **Foster contract period:** Begins: \_\_\_/\_\_\_/\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_

### Animal Information:

Animal Name: \_\_\_\_\_ Cat / Kitten / Dog / Puppy Age: \_\_\_\_\_ Sex: F / SF / M / NM  
Breed: \_\_\_\_\_ Description: \_\_\_\_\_

### Foster Family Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**I hereby agree to provide foster care to the animal described above. I further agree that the animal belongs to EASEL. By signing this contract, I certify that I have read it and understand it completely, and I agree to the following conditions:**

1. For adult dogs and cats: I will provide the animal with a good home and give it proper care and kind treatment for a maximum of four weeks from today, by which time I must either return the animal to EASEL or permanently adopt the animal.
2. The animal will not be sold or given to others, or sold for experimentation.
3. I will not hold EASEL or any of its employees responsible for any defects or disease (including rabies) the animal may now or later possess.
4. I understand that EASEL is responsible to make medical care decisions for this animal and EASEL is responsible for the cost of medical treatment. I agree to make every reasonable effort to contact EASEL before taking the animal for care, to take the animal to a Veterinarian of EASEL's choice, and accept the decision of EASEL staff with respect to the course of treatment for the animal. If I do not make reasonable efforts to contact EASEL and take the animal to a veterinarian of my choosing, I will assume all costs incurred. If I choose to spay/neuter this animal at a veterinarian of my choosing, I agree to receive EASEL's permission first and assume responsibility of all costs. I will not declaw unless I received prior special permission from EASEL.
5. I will not hold EASEL responsible for any damage or injury to persons or property that may be caused by the animal after I take custody and possession of it.
6. I will allow EASEL's agents to examine the animal at anytime; my right to possession is subject to and conditioned on my carrying out the terms of this agreement and I recognize that EASEL may take possession of the animal if it determines that I have failed to comply with any of the terms of this agreement.
7. Foster/Adoption Fee paid is non-refundable after expiration date of this contract.
8. This Foster Contract can be extended at the discretion of EASEL management.
9. For puppies and kittens: I agree to return the animal on the designated day(s) written below, for required vaccines/Treatments/Spay or Neuter:  
Scheduled appointment: \_\_\_\_\_ reason: \_\_\_\_\_  
Scheduled appointment: \_\_\_\_\_ reason: \_\_\_\_\_  
Scheduled appointment: \_\_\_\_\_ reason: \_\_\_\_\_

**Foster Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Adoption Amount \$ \_\_\_\_\_ (if applicable)

Method of Payment: Cash / Charge / Check / Other: \_\_\_\_\_

**EASEL Staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

