



CRESTVIEW ANIMAL SERVICES

198 Wilson Street N., Crestview, FL. 32536
850.682.2055 | animalservices@cityofcrestview.org

I, _____, make the following statements and voluntarily enter into this Foster Care Agreement (hereinafter “Agreement”) to provide temporary care as a foster caregiver for the Crestview Animal Services ((hereinafter “CAS”).

1. _____ I have never been convicted of animal cruelty, neglect, or abandonment. I agree to notify CAS if I am convicted of animal cruelty, neglect, or abandonment in the future.
2. _____ I agree to comply with all other federal, state and local laws that pertain to companion animals and pet ownership in the jurisdiction where I reside.
3. _____ I understand that CAS reserves the right to check on the welfare of my foster animal, which may include a visit to my foster home. I further understand that if CAS finds a direct and immediate threat to my foster animal, CAS may remove the animal from my care.
4. _____ I acknowledge that I have received a copy of the CAS Foster Care Manual (“Manual”), and that I have read the Manual. I agree to fully comply with the policies, guidance and requirements set forth in the Manual as applicable to my foster animal.
5. _____ I agree to not take my foster dog(s) or my foster cat(s) to dog parks, off-leash areas, daycare facilities, crowded public areas, or any similar locations, unless given prior approval by the CAS Foster Coordinator. I understand that I will be solely responsible for any injury or damage caused by my foster animal if I do not comply with this provision.
6. _____ I understand that CAS recommends that my foster animal(s) is to be kept separate from any other animals currently living in my home. I agree that if I choose to introduce my foster animal(s) to any other animal living in my home, I will be solely responsible for any illness or injury to other animals.
7. _____ I agree that the animal(s) that I foster will reside in my home, will be kept as household pets, and will not be used for breeding.



CRESTVIEW ANIMAL SERVICES

198 Wilson Street N., Crestview, FL. 32536
850.682.2055 | animalservices@cityofcrestview.org

8. _____ I agree to notify the CAS Foster Coordinator immediately by phone and in writing at (850) 420-0368 and healeyk@cityofcrestview.org immediately if my foster animal(s) becomes lost or separated from me.

9. _____ I agree to notify the AAC Foster Coordinator immediately by phone and in writing at (850) 420-0368 and healeyk@cityofcrestview.org if my foster animal demonstrates any aggressive behavior, including, but not limited to, biting a person or another animal.

10. _____ I agree to seek immediate medical attention if I am bitten by my foster animal, or if I receive any other physical injury resulting from interaction with my foster animal. I further agree to seek immediate medical attention for any member of my household who is bitten or suffers any other physical injury resulting from interaction with my foster animal.

11. _____ I agree to return my foster animal(s) at any time upon the request of the CAS Foster Coordinator or any CAS staff member.

12. _____ I agree to receive and respond to calls and emails concerning my foster animal(s), from CAS

shelter staff, veterinary staff, and potential adopters.

13. _____ I agree to transport the animal to CAS or an approved veterinary clinic to receive medical treatment as requested by the CAS Foster Coordinator or CAS staff. If my foster animal experiences a medical emergency, I agree to contact Officer Healey at (850) 420-0368 or police non-emergency dispatch at (850) 682-2055

14. _____ I understand that CAS will not reimburse me for any routine or non-emergency care for my foster animal that is not pre-approved in writing by the AAC Foster Coordinator.

15. _____ I agree to contact the CAS Foster Coordinator at (850) 420-0368 or healeyk@cityofcrestview.org for other any other emergency or non-emergency matters.



CRESTVIEW ANIMAL SERVICES

198 Wilson Street N., Crestview, FL. 32536
850.682.2055 | animalservices@cityofcrestview.org

16. _____ I agree to assume the risks implicit in working with animals who may have been abandoned, neglected, mistreated, or who may suffer from an illness or disease. My participation in the CAS Foster Program is entirely voluntary and without the promise or expectation of compensation. I have no known physical or mental condition that would impair my ability to participate in the CAS Foster Program. I understand that while CAS staff carefully monitors all animals, CAS may have limited knowledge of their behavioral and medical backgrounds. Therefore, I understand that CAS makes no warranties or representations regarding my foster animal's health, behavior, temperament, age, or breed. I further understand that environmental changes may affect and change the temperament of my foster animal(s).

17. _____ I understand and agree that the City of Crestview, its members, officers, directors, agents and elected officials have no liability or responsibility of any nature for injuries or damage to any person, animal, or property which may be caused by my foster animal(s) or my participation in the CAS Foster Program. I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the City of Crestview, its members, officers, directors, agents, elected officials, and their heirs, administrators, executors, successors, and representatives from all liability for and all risk of damage or bodily injury or death that may occur to me (including any injury based on negligence) now or hereafter in connection with my foster animal(s) and my participation in the CAS Foster Program. I expressly agree that this release, waiver, and indemnity is intended to be as broad and inclusive as permitted by the State of Florida and that if any portion is held invalid, the remainder shall continue in full force and effect.

By my signature below and, and by my initials beside each numbered paragraph above, I affirm that all statements and stated agreements contained in this document are truthful, I affirm that I have read and understand this Agreement in its entirety, and I agree to abide by the terms of this Agreement.

Signature: _____

Date: _____

Printed Name: _____
