**PBAH FOSTER AGREEMENT**

**Contact Information:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree to the following:
1. Properly feed, house and tend to approved medical care for the foster animal.
2. Notify PBAH or a board member immediately should the foster animal require medical attention. We prefer you use Fox Animal Services if possible. Medical care for the foster is covered by PBAH. Please submit copies of receipts if foster is taken to another facility.
3. I agree to maintain open communication with PBAH regarding, but not limited to: weekly updates, medical emergencies (even if paid for in whole by me), and immediate notification if foster is lost.
4. The foster in my care is not owned by me until adoption has been finalized with an approved and signed Adoption Contract, and I cannot give away or otherwise dispose of my foster animal during any phase of the fostering or adoption process, including after adoption is finalized, if adoption occurs.
5. Return to PBAH the foster animal and any PBAH property in the event that I am no longer able to foster, or immediately upon request by the rescue.**

**I hereby accept responsibility for my foster animal(s) and release and discharge Papa Bear’s Animal House and their agents, any venue, company, and/or property owner on which PBAH-related events are held and their agents forever from liability for any injuries or damages to any person or property caused by my participation in said events and/or by any PBAH foster animals, and from any causes of action, claims, suits, or demands whatsoever that may arise as a result of such injury or damages.
I certify that the information entered on this application is true and correct. If any of my application information needs updating I will contact a representative to do so.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**