



Foster Agreement

Saginaw County Animal Care & Control Resource Center
5615 Bay Rd, Saginaw Mi, 48604

Phone: 989-797-4500 E-mail: scacc@saginawcounty.com

Full Name: _____ Address: _____

Animal: _____ Phone: _____ Date: _____

By signing this document, I agree to the following terms:

- I understand that by fostering, I am taking temporary custody of an animal belonging to Saginaw County Animal Care & Control (SCACC). I do not become the animal's owner when I take possession. I will use the name that the animal has been given by SCACC until such time they are returned or are adopted.
- I understand that this animal may be incubating an illness that could be transmitted to my pets. SCACC will not provide medical care or treatment of my own pets in the event they become ill or injured.
- I acknowledge that SCACC has limited means by which to diagnose or recognize all conditions.
- SCACC cannot guarantee the behavior of this animal.
- I understand the veterinary staff at SCACC will provide for the medical needs of foster animals. Should an animal in your care require medical attention, you are to contact SCACC immediately at the numbers listed below. You should not take the foster animal to your veterinarian unless instructed to do so by SCACC staff.

o Monday – Friday 8am – 5 pm – 989-797-4500

o After Business Hours – 989-395-0832 Kennel Manager Alicia Slack or 989-385-0230 Director Rachel Horton

- In the unfortunate circumstance that the foster animal in my care perish, I agree that I will return the deceased animal to SCACC immediately.
- I understand that should I wish to adopt the animal I am fostering; I will be required to follow standard adoption procedures and pay adoption fees. ➤ I understand that I must meet all adoption eligibility guidelines if I choose to adopt.
- I agree that foster animals in my care will remain at my home address listed above at all times unless approved in writing by the director.
- I will not take foster animals to another residence or permit anyone other than SCACC to remove animals from my residence.
- I recognize that I am required to adhere to all Saginaw County laws pertaining to animals.
- Neither I, nor anyone residing in my residence has ever been convicted of animal cruelty, neglect, or abandonment in any state.
- I am at least 18 years of age.

If this application is approved by Saginaw County Animal Care & Control, it will serve as the foster contract and I am bound by its terms. In the event that I breach this contract, or do not return the animal(s) for medical care or upon the end of necessary time commitment as designated by SCACC, the foster animal(s) will be removed from my home and permission to foster animals in the future through SCACC will be revoked.

Signature: _____ Date: _____

SCACC Representative : _____ Date: _____