



"Supporting our Military and Their Beloved Pets"

National Office

167 Candleberry Cir, Hot Springs, AR 71913-2109

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All Volunteer 501c3 Tax Exempt Nonprofit - Fed Tax ID: 20-2229425

Foster Care Agreement Between

"Guardian Angels for Soldier's Pet", Pet Owner, and Foster Home

This agreement made this _____ day of _____ 200____ by and between _____ (hereafter called **Owner**) and _____ (hereafter called **Caregiver**), and Guardian Angels for Soldier's Pet (hereafter called **Agency**).

Owner is the owner of the pet described below:

Name: _____ Breed: _____ Gender: _____

Description: (color, special markings, etc.): _____

Microchipped(Y or N): ____ Company: _____ Microchip #: _____

The **Owner** anticipates being deployed/other (_____) from approximately _____ (month/year) to _____ (month/year) in the United States Armed Forces and desires **Guardian Angels For Soldier's Pet** and **Caregiver** to hold said animal for the **Owner** in his/her absence in the Armed Forces until his/her return to be reunited with his/her pet.

The **Owner** named above maintains ownership of the pet placed in foster care and confirms that he/she will contact the **Agency** within 30 days after return from being deployed/other to be reunited with his/her pet.

The **Owner** recognizes that the **Caregiver** cannot hold said pet for **Owner** for an indefinite period of time.

The **Owner** agrees to be responsible for the following pet related costs of:

- Veterinary Expenses Grooming Expenses Food Expenses

The **Caregiver** agrees to be responsible for the following pet related costs of:

- Veterinary Expenses Grooming Expenses Food Expenses

In consideration of the premises and the covenants herein contained, it is agreed between the **Owner**, **Agency**, and **Caregiver** as follows:

1. **Owner** hereby delivers to and deposits with the **Agency** and **Caregiver** said pet.
2. Upon the **Owner's** return from deployment, the **Agency** and **Caregiver** will return the pet to **Owner**, which will be accomplished as soon as is practical for all parties.
3. **Owner** agrees that the **Caregiver** will not be responsible for keeping the pet any longer than thirty (30) days from the anticipated foster term end date or if **Owner** states in writing to the **Agency** that he/she no longer desires return of said, then **Owner** relinquishes any claim, right, title, or interest in said pet. In such circumstance, said pet becomes the property of the **Agency**, which may exercise complete discretion as to what to do with the pet, including but not limited to consideration of **Owner's** stated preference; offering first right of refusal of ownership to the **Caregiver**; or placement in a new permanent home approved by the **Agency**.
4. **Owner** may extend the foster period stated above if **Owner** gives written notice to the **Agency** at least thirty (30) days before the end of the said fostering period that he/she wants to extend for up to another _____ days/months the duration of his/her foster care agreement. If **Owner** does so, then this Agreement will continue for the additional time, which **Owner** requests in writing up to but no longer than an additional _____ days/months.
5. **Owner** agrees to make financial arrangements with the **Caregiver's** veterinarian of record for any medical treatment that may be required during the fostering time frame.
6. **Agency** and **Caregiver** agree not to alter in any way the appearance of the being fostered without written permission (snail mail or email) of the **Owner**. This includes declawing and cropping of ears or tails.
7. **Agency** and **Caregiver** agrees to provide adequate food, water, shelter, and humane treatment for said pet(s) at all times
8. **Agency** and **Caregiver** agrees to adhere to all state and local animal laws.
9. **Agency** and **Caregiver** agrees to follow all written additional instructions from the **Owner**.
10. **Agency** will make foster home visits to ensure that the said animal is being housed in a healthy and safe environment and if the **Agency** deems the said animal is not being properly cared for and/or may be in an unsafe environment has the **Owner's (or Owner Representative's)** permission to relocate to another foster caregiver approved by the **Agency**.
11. **Caregiver** agrees to contact the **Agency** in the event the **Caregiver** is unable to care for and/or provide the said pet with a healthy and safe environment. In addition, the **Caregiver** agrees to relinquish said pet to the **Agency** who has the **Owner's (or Owner Representative's)** permission to do as defined in Item #10 above.
12. If said pet dies or becomes accidentally injured, ill, or lost; **Owner** does not hold the **Agency** and **Caregiver** responsible and releases the **Agency** and **Caregiver** from any claim arising from said injury.
13. If said pet bites or injures any human or other animal, **Owner** will hold harmless and indemnify, and protect **Agency** and **Caregiver**, from any claim or suit filed by anyone as a result of such an incident.

14. The **Agency** and/or **Caregiver** reserve the right to seek emergency veterinary care without approval by the **Owner**. The **Owner** acknowledges that should medical care and attention for the pet be warranted, the **Owner** authorizes up to \$_____ to be provided to cover the cost for emergency care.
15. **Owner** gives permission to the **Agency** and **Caregiver** to have the pet euthanized if the treating veterinarian deems the animal's health is to be so impaired that to sustain the animal would be inhumane.

*This Agreement is the entire agreement of the parties, and there are no oral promises or representations made in addition to this contract and it may only be changed in writing signed by the **Owner, Agency, and Caregiver.***

Pet Owner's Printed Name

Caregiver's Printed Name

Pet Owner's Signature

Caregiver Signature

Address

Address

City, State, Zip

City, State, Zip

Phone Number (Including area code)

Phone Number (including area code)

Date

Date

GASP Authorized Representative Printed Name

Authorized Rep Title

GASP Authorized Representative Signature

Date: _____

GASP Authorized Representative sends original signed copy (all signatures) to National Office at following address and provides signed copies to Owner and Caregiver.

Guardian Angels for Soldier's Pet
 167 Candleberry Circle
 Hot Springs, AR 71913-2109

Signed written agreement received by Guardian Angels for Soldier's Pet National Office

Date: _____ **Received and Recorded by:** _____