



Foster Care Contract

Sponsor Name:	Spouse Name:
Sponsor Cell:	Spouse Cell:
Sponsor Email:	Spouse Email:
PSC Address:	Physical Address:
Military Email:	Closest Base:
Work DSN:	Rotation Date:
Branch/Unit:	

How did you hear about us?

Fostering Preferences:

(Please check all that apply):

- Kittens- How many?
- Puppies- How many?
- Adult Cats- How many?
- Adult Dogs- How many?

OAARS will periodically take in strays with potentially unknown issues. Prior to being placed in foster care, individuals surrendering animals are required to provide proof that animal resides peacefully indoors for at least seven days. Please check the following animals you are willing to work with:

- Stray or Feral Felines
- Stray/Feral Canines
- Behavioral Issues

Are you willing to foster animals with special needs (medical problems): Yes / No

Please list any other foster preferences (i.e. Good with kids, good with dogs):

Please provide the average time commitment you expect to house foster animals:

Home Information:

Number of adults in your home:

Number of children and ages :

Do you live in a single home, apartment or tower? If tower, what floor?

Do you have fencing?

If yes, please describe:



Personal Pet Information:

Do you have any personal dogs or cats? Yes / No

If yes:

Species:	Species:
Name:	Name:
Age:	Age:
Current on vaccines?	Current on vaccines?
Spayed/Neutered?	Spayed/Neutered?

Please provide a copy of medical records to indicate vaccines & spay/neuter

Do your personal pets get along with other animals? If so, please let us know what kinds of animals.

Are you willing to house train your foster animal if he/she is not? Yes / No

How would you correct your foster animal if he/she had an accident in the house?

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How many hours each day will the animal be left alone?

Please list any training experience you may have:

Please list any additional comments or suggestions that might help OAARS match you with the right foster animal:

Are you currently fostering or registered to foster with another rescue organization? If yes, which organization?



TERMS OF AGREEMENT

(Please read over carefully & initial)

_____ I understand that OAARS is a nonprofit organization and relies on donations, fundraisers and adoption fees to operate.

_____ I understand that OAARS will not be held responsible for any accidents that might occur while the animal is in my care. (i.e. bites, scratches, or any other injury to me, my family members, visitors, friends, and/or any other animals in/outside my home)

_____ I promise to take care of this animal to the best of my ability. I **WILL NOT** leave my rescue outside unattended (cats will be indoor ONLY). I will give them protection from the weather, give them lots of love and attention, provide heartworm preventative, flea treatment, seek medical help as needed, and schedule veterinary appointments for shots, spaying/neutering, or for any conditions the animal may be afflicted with.

_____ I will not change the names of my foster animals while they are in my care.

_____ I will not switch my foster animal with other foster families unless an OAARS Foster Coordinator has been notified and the switch has been approved.

_____ I will not adopt this animal out without the proper procedures and screening of the adopting family by the Adoption Committee.

_____ I understand that I **WILL NOT** hand over any OAARS foster animal to anyone that has not been previously approved by the OAARS Board Members. If any person claims to be the original owner of an OAARS foster, I will provide the contact information for the Foster Coordinator and notify the OAARS Foster Coordinator immediately.

_____ I understand that in emergency or stray placements, a veterinary doctor might not have checked these animals. I will coordinate with OAARS and a vet for a checkup and initial shots for the animal as soon as possible.

_____ I understand that OAARS will only cover medical expenses associated with an OAARS foster animal including vaccinations, surgeries, and monthly preventatives only at approved veterinary clinics. The Foster Coordinator can provide a list of these locations.

_____ I understand that all medical receipts for reimbursement shall be turned in within **14 days** of the date seen on the receipt. If not turned in to the OAARS Treasurer or Foster Coordinator within 14 days of receipt date, OAARS will not provide reimbursement. I will also include my mailing address and payee in this email.

_____ I understand that OAARS does not cover pet expenses such as food, toys, litter, treats; however, if I'm at an adoption event and these items are donated I am welcome to them.

_____ I understand that if I submit for any reimbursements for my foster animal and I decide to adopt my foster animal, an adoption fee will have to be paid to OAARS.

_____ I understand that if I decide to adopt my foster animal while I'm fostering, I will notify the foster coordinator immediately. I understand that I will have to follow the traditional adoption process and will not be shown any favoritism. I understand that my application will be placed in the order it is received.

_____ I understand that my foster animal has to be brought to **at least one** adoption event per month. If my schedule does not permit it, I will coordinate with the OAARS Foster Coordinator to arrange transportation.

_____ I will give a **30-day** notice if I will be leaving for vacation, training or deployment while fostering an OAARS animal and would like OAARS to assist in finding someone to watch my foster animal. An exception to this rule is emergency leave.

_____ I will give OAARS a **60-day** notice when it comes time for my PCS move.



_____ I agree to never release/dump my foster animal, nor take my foster animal to Karing Kennels, Ozato, or any other establishment of the sort if a situation arises.

_____ OAARS will find adequate care in another foster home if I am unable to fulfill this commitment. I understand the need for foster care is great and will be patient with the Foster Coordinator in finding my foster animal a new home.

_____ If my foster dog/cat gets out of the house, I will immediately notify the Foster coordinator and board members. I agree to assist in searching for my foster animal.

_____ **I agree to notify the Foster Coordinator if I register to foster with another organization. I understand that I may not foster with multiple organizations at the same time, as this creates a potential liability issue for each organization.**

_____ OAARS can terminate this agreement and remove the animal if the conditions above are not met. The primary concern of OAARS is the welfare of the animals.

I have read and agree to abide by the above **TERMS OF AGREEMENT**.

Signature of Sponsor

Date

Print

Signature of Spouse, if applicable

Date

Print

Signature of OAARS Representative

Date

If approved to foster an animal, a hard copy of this contract with an ink signature is required.
A copy to sign will be provided during the Foster Coordinator Home Visit.

Okinawan-American Animal Rescue Society
Unit 35023
MCB Camp SD Butler
FPO, AP 96373