



## Mississauga Humane Society

905-271-0883

info@mississaugahumanesociety.com

Name of Foster Pet(s): \_\_\_\_\_ DOG ( ) CAT ( )

Name of Coordinator: \_\_\_\_\_

Contact Information: \_\_\_\_\_

1. I agree to be a Foster Parent of an animal for Mississauga Humane Society (MHS) on a volunteer basis.
2. I agree to provide good care of the animal; including feeding, exercise, and training when needed. MHS will provide food and supplies as they are available, but will not be able to reimburse fosters without written approval from the Board of Directors.
3. I agree that no animal will be confined to a cage/isolated room. The animal will not be tied up or left outside alone for long periods of time. It is illegal in Mississauga to tie a dog up outside for more than 4 hours each day.
4. I agree that my foster animal will never be "at large" in public spaces. Dogs must be leashed or contained in a fully fenced backyard compatible with their size. Cats will be transported in a carrier. Cats are permitted to use enclosed catios only for outdoor time.
5. I understand this animal is the possession of MHS. I cannot hand off the animal to someone else, take them to any vet without express permission, or remove the animal from the foster home without informing MHS.
6. I understand that MHS reserves the right to conduct follow up home visits.
7. I understand the animal must be made available for viewing to potential adopters and the MHS adoption coordinator will provide at least 24 hours notice to arrange viewing.
8. I agree to maintain regular contact with MHS regarding updates, descriptions, photos, and any other information required to find an adoptive home or fundraise for the foster animal.
9. I agree all adoptions will be handled by the adoption coordinator. I cannot adopt out the animal on my own without MHS permission.
10. I understand all medical situations of the foster animal will be reported to MHS and approval needs to be obtained before an animal can be taken to the approved vet clinic

11. I confirm I have been informed of the animals temperament and disposition according to the knowledge of MHS. If the animal should cause injury to me or my family members, or damage to my possessions/property, I agree to waive any claims against MHS and relieve them from any responsibility that may arise as a result.
12. I understand that MHS may update or change the information at board discretion.
13. I understand that MHS may cancel this agreement, upon immediate notification, at the discretion of MHS.

By signing this form; I am acknowledging that I have read and understand the entire terms of the foster position and I will adhere to the policies. I agree this foster waiver form is good for one year and at the end date, the foster waiver will be reviewed.

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Telephone::** \_\_\_\_\_

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

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

*Please notify your coordinator if any of the contact information above changes.*

***IN CASE OF MEDICAL EMERGENCY:*** *If your foster animal is experiencing a medical emergency, and you cannot reach your coordinator or any director promptly; please take the animal to the clinic below and inform them you are a foster parent of MHS.*

**PARKWAYS ANIMAL HOSPITAL** 905-276-5558 Unit 31, 325 Central Parkway, Miss.

Personality Descriptions, photos, and notes to help with social media postings of the foster animal must be sent to: [webmaster@mississaugahumanesociety.com](mailto:webmaster@mississaugahumanesociety.com)