



**Office Use Only:**  
Foster ID: \_\_\_\_\_

**St. Croix Animal Friends**  
**P.O. Box 1169**  
**Hudson, WI 54016**

**715-749-3763**  
**info@SCAFshelter.org**  
**www.SCAFshelter.org**

## Foster Agreement

This agreement is between St Croix Animal Friends (SCAF) and the undersigned foster caregiver.

I agree to take animal(s) into my home for adoption placement by SCAF. These animals are considered foster animals only if placed by the foster coordinator or their authorized agent. I understand SCAF reserves the right to inspect the foster home at any time to ensure suitability for these purposes.

I agree to provide shelter and a loving environment for the foster animal(s). Dogs can be off-leash within a private, fenced-in area. They must be leashed 100% of the time while in public. Dogs must be in a secure and dog-proof room, or in a crate when a foster caregiver is not home to supervise. Cats must be kept indoors at all times.

SCAF will provide all food, authorized veterinary care expenses, and other essential items necessary for care of the animal(s).

I understand that SCAF cannot be held responsible if the animal(s) is unsuitable for my home environment, becomes ill or acts in an erratic manner. If I cannot keep the foster animal(s), I agree that I will return it to SCAF.

Under SCAF policy and the laws of the State of Wisconsin, all rescue animals must be spayed or neutered as soon as they are old enough to do so. If an appointment is made for the animal(s) to be sterilized, I agree to take it to the approved veterinarian at the appointed time or to make arrangement for pick up and drop off with SCAF.

I agree to administer any medication(s) provided to me for the animal(s). I agree to take the animal(s) to the approved veterinarian for any immunization or treatment required. I understand that all medication and medical treatment will be paid for by SCAF, provided that it is authorized by SCAF. I understand that SCAF practices shelter medicine, and as such, any medication or veterinarian care not authorized by SCAF, is the sole responsibility of the foster volunteer or their agent. In the event of an emergency with the animal(s), I agree to contact SCAF immediately. I understand that I will not be reimbursed for any expenses not pre-approved in advance by SCAF, unless it is a life-or-death situation.

I understand that the foster animal(s) is the sole property of SCAF and cannot be given to anyone or adopted by anyone without completion of a SCAF Application for Adoption and Adoption Contract, authorized by a SCAF representative, and collection of the required non-refundable Adoption Fee. If the animal(s) is given away, the Foster caregiver will be responsible for the Adoption Fee and any expenses.

I understand that sometimes animal(s) that are adopted need to be returned by the new owners to SCAF. I agree to take the animal(s) back into my care again at any time while I am actively fostering with SCAF, unless disease or unusual circumstances prohibit this.

I certify that my own animals are current on all immunizations and are spayed/neutered. For cats that includes the following vaccinations: FPV (Distemper), FHV-1 (Feline Rhinotracheitis), FCV (Feline Calicivirus), Rabies, and FeLV (Feline Leukemia) for multi cat households. For dogs that includes the following vaccinations: DHLPP (Distemper, Hepatitis, Leptospirosis, Parvo, and Parainfluenza), Rabies, and Bordatella/Kennel Cough for multi dog households.

I agree to return the foster animal(s) to SCAF upon request by SCAF if all of the above conditions are not met.

I agree to defend, indemnify, and hold SCAF, its Board of Directors, officers, and volunteers harmless from direct or indirect and consequential damages arising out of this foster care arrangement.

**All fields are required.** Please Print clearly.

Primary Caregiver Full Name: \_\_\_\_\_

Secondary Caregiver Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

You must notify SCAF immediately if there are any changes in your address or phone number.

Home phone: \_\_\_\_\_ Cell / work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License or ID number: \_\_\_\_\_

Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read, understand, and agree to the conditions of this foster agreement.

Signature

Date

Primary Caregiver: \_\_\_\_\_

Secondary Caregiver: \_\_\_\_\_

Authorized SCAF Agent: \_\_\_\_\_