

Today's Date _____

Foster Caregiver Name (please print) _____

Please initial each statement.

_____ I have received and reviewed the HAWS Foster Caregiver Reference Manual via e-mail or hard copy from HAWS.

_____ I understand how to get in contact with shelter staff in the event of an emergency, including after-hours.

_____ I understand the risk of animal-to-animal disease transmission and that I am to keep foster animals separate from my own pets at all times (canine foster procedures may differ from those of feline or small animal). Furthermore, I understand that HAWS does not provide veterinary care for my own pets that become ill as a result of my participation in the foster program and/or inappropriate isolation procedures.

_____ I understand the risk of zoonosis (a disease communicable from animals to people) and the proper hygiene procedures that should be practiced in my home to protect me and others who will be handling foster animals in my care.

_____ I have made other members of my household aware of the HAWS Foster Care procedures outlined in the HAWS Foster Caregiver Reference Manual.

Waiver of Liability

In consideration of the Humane Animal Welfare Society (HAWS) accepting my application for participation in its Foster Home/Animal Caregiver Program, I agree to release and hold harmless HAWS from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation, attorney's fees and disbursements, and do further agree to indemnify HAWS for any of the foregoing asserted by any third party, including, but not limited to, other individuals residing at my home, to the extent that any of the foregoing arise from or are occasioned by my participation in the Foster Caregiver Program or by any member of any Foster Caregiver family at any time in my care.

I understand there are certain risks inherent in handling animals (may bite, scratch or injure), and I further release HAWS from any liability from future injuries.

I agree to allow HAWS to photograph or use for publicity, publications, and programs information regarding volunteer's participation in this program.

HAWS cannot guarantee the health of an animal that comes into your care and shall maintain the option to treat or euthanize an animal based on the circumstances. **The Foster Caregiver must contact HAWS if there is an indication of illness or the need for medical care. HAWS will not pay for the medical expenses incurred by the Foster Caregiver. The animal in question must be returned to the shelter where treatment or euthanasia will be determined.**

Foster Caregiver Signature

Date