



# CITY OF LOUISIANA

## JOHN COTTON MEMORIAL ANIMAL SHELTER

### FOSTER CONTRACT

The John Cotton Memorial Animal Shelter of Louisiana, MO hereinafter called the "Owner", enters in to an agreement of in-home foster care with \_\_\_\_\_ hereinafter called "caregiver". This agreement made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Animal Name: \_\_\_\_\_ Intake #: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered? YES  NO

Description (color, special markings, etc.)

---

---

---

---

1. The caregiver must not live in the city limits of Louisiana, MO.
2. The caregiver agrees to provide adequate food, water, shelter, and humane treatment for said animal at all times. In addition, the caregiver agrees to adhere to all state and local animal laws. Foster caregiver agrees to follow all oral and/or written additional instructions from the Owner.
3. Upon becoming a caregiver, you agree to take on the financial responsibility of the animal you are fostering and at no time is the City of Louisiana responsible for any reimbursement of time or money.
4. The caregiver must check in with the City of Louisiana on a monthly basis for the first 6 months or this contract becomes void.
5. The City of Louisiana has the right to check on the animal at any given time. If it is found that the animal is not receiving proper care, The City of Louisiana reserves the right to void this contract and to provide any fines deemed necessary for animal neglect/cruelty punishable by law.
6. During the fostering period, if the animal is in need of any vet care, The John Cotton Memorial Animal Shelter or The City of Louisiana is not responsible for any expenses.
7. The City of Louisiana is not responsible for any type of damage caused by the animal.



# CITY OF LOUISIANA

\_\_\_\_\_  
Foster Caregiver (Print)

\_\_\_\_\_  
JCMAS ACO/or Mayor (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Sign

*Please be responsible and SPAY/NEUTER/VACCINATE any animal that is in your care to help control pet population and save the animal from any future diseases.*