

# *Perfect Harmony Animal Rescue & Sanctuary*

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636 Palmas St.  
Chaparral, NM 88081  
(505) 824-2130  
PerfectHarmony1@aol.com  
www.perfectharmony-nm.org

## **FOSTER HOME AGREEMENT**

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_ agree to provide foster care  
for the animal, described as:

Name: \_\_\_\_\_ PHARS#: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

\_\_\_\_\_

Health: \_\_\_\_\_

Temperament: \_\_\_\_\_

I agree to provide for the care and safety of the animal, to show the animal to prospective adopters, release the animal to the new adopters when asked and/or to return the animal to Perfect Harmony immediately upon request.

I will provide:

Facilities only \_\_\_\_\_

Facilities and food \_\_\_\_\_

Full care (including, but not limited to: food, veterinary care, farrier, vaccinations, deworming) \_\_\_\_\_

Donations are tax-deductible.

I request the following items to be provided by Perfect Harmony: \_\_\_\_\_

\_\_\_\_\_

Items will be returned to Perfect Harmony upon completion of the foster agreement.

I agree to socialize the animal, help it to overcome fear and/or behavioral problems if necessary and to treat the animal humanely at all times. I will evaluate the animal and

provide Perfect Harmony with a written monthly report.

I will notify Perfect Harmony immediately if uncontrollable problems arise or if I can no longer provide foster care for the animal.

I understand that all decisions regarding the animal will be made by Perfect Harmony. Animal remains the property of Perfect Harmony.

I agree to not charge Perfect Harmony more than: \$\_\_\_\_\_ per month for the care of the animal. I agree to seek veterinary advise when necessary.  
Perfect Harmony's veterinarian is Dr. Paul Wilmeth in Chaparral, NM,  
Phone: (505) 824-2000

I hereby release and hold harmless Perfect Harmony Animal Rescue and Sanctuary, it's directors, officers, members, and their heirs, from any and all claims, actions, losses, damages, injuries or liability of any nature, including all expenses of litigation, court costs, and attorney's fees, arising out of, directly or indirectly, my participation in the foster home program.

FOSTER Printed Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Foster signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Perfect Harmony Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Site check performed by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_