

Perfect Harmony Animal Rescue & Sanctuary

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

PERMANENT FOSTER HOME AGREEMENT

Today's Date: _____

I, _____ agree to provide permanent foster care for the animal, described as:

Name: _____ PHARS #: _____

Breed: _____ Age: _____ Sex: _____

Color: _____ Markings: _____

Health: _____

Temperament: _____

I agree to be solely responsible for all expenses incurred by the animal.

I agree to provide for the care and safety of the animal at all times. I will provide proper and sufficient nutrition, clean water, safe and clean shelter, veterinary and farrier care. I will keep accurate health records. I understand that breeding of fostered animals is strictly prohibited.

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 notify Perfect Harmony immediately if uncontrollable problems arise or if I am no longer able to provide permanent foster care for the animal.

I understand that the animal remains the *sole property* of Perfect Harmony and cannot be sold or given away. I agree to inform Perfect Harmony in advance should I decide to move from my present location.

I agree to provide regular updates, including pictures and if asked, veterinary statements on the condition of the animal. I will notify Perfect Harmony immediately in case of the animal's death and if asked, to provide a veterinary statement of the cause of death.

I understand Perfect Harmony's legal right to remove the animal from my care if there is suspicion of neglect or abuse.

I will provide receipts of the animal's expenses to Perfect Harmony on a monthly basis. I understand that a

tax-deductible receipt will be issued to me at the end of the year.

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 permanent 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 __/__/__