

Tell us about your experience: _____

AGREEMENT

- I agree to provide the Authorized MVAS Representative, or his/her designate, access to all parts of my home and property for a home inspection before my application to foster is approved.
- I understand that I could be required to provide foster care to my foster animal for an extended and indefinite period of time. I agree that the period covered by this agreement is the entire time during which I have custody of my foster animal.
- I agree that I am over 21 years of age.
- I understand that MVAS provides no guarantee as to the health of my foster animal, and that my foster animal may have significant medical needs, socialization problems, and not be housebroken.
- I understand that I may only have my foster animal temporarily.
- I agree that I am fostering this animal for MVAS, and that I do not have any right of ownership over my foster animal. I further agree that MVAS's rights in and to my foster animal are superior to mine. I also agree to provide the Authorized MVAS Representative, or his/her designee, access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.
- I agree to immediately return any foster animal in my care to MVAS, at the request of the Authorized MVAS Representative, or his/her designate, at any time and for any reason. If MVAS is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify MVAS for all court costs and attorneys' fees connected with such an action.
- If I am planning to move at any time during the period covered by this agreement, I agree to contact the Authorized MVAS Representative prior to my move, with new contact information. I understand that MVAS has the right to request return of my foster animal based on such a change of residence, and agree that I will surrender my foster animal to MVAS immediately upon request.
- I understand that because the provisions of this agreement are legally binding, any violation of this agreement could result in legal liabilities for me and/or MVAS.
- I understand that, as long as I provide foster care to my foster animal to MVAS's satisfaction, I will be given the first right of adoption of my foster animal, at such time as MVAS decides to offer my foster animal for adoption. I understand and agree that my foster animal will be spayed/neutered immediately upon my adoption of the animal.
- If at any point I can no longer, or do not want to continue to, provide care, food, shelter or veterinary care for my foster animal, I agree to contact the Authorized MVAS Representative, or his/her designate, and arrange for surrender and return of my foster animal back to MVAS.
- I will not transfer possession or custody of my foster animal to any other person at any time, except for temporary, short-term possession for the purpose of vet care, grooming, etc.
- I agree to contact the Authorized MVAS Representative with any and all questions or concerns about my foster animal or the fostering program, as well as with updated contact information. I also agree to contact the Authorized MVAS Representative with quarterly reports on the health status of my foster animal.
- I agree that if I refuse to comply with any provision of this agreement, MVAS has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animal and any other animals for whom I am providing foster care for MVAS. I further consent to provide MVAS with access to my premises, if necessary, to facilitate the return.
- I agree that the opportunity given to me to help rehabilitate my foster animal, as well as the chance of a potential future adoption, is of significant benefit to me, and serves as proper legal consideration in exchange for my agreements stated in this contract.

I have read this Agreement in its entirety, and I agree that all statements and stated agreements contained in this document are made by me, and are truthful, under penalty of perjury under the laws of the State of Montana.

Signature _____ Date _____

Print name _____