



All Sentient Beings, Inc. 454 West 46th St., 2BS, NY, NY 10036  
wellbeings77@gmail.com | animalloversnetwork.org | voicemail: 888-717-7474 | fax: 773-337-5446

FOSTER PARENT AGREEMENT AND WAIVER  
BETWEEN ALL SENTIENT BEINGS, INC. (aka: ASB) AND ALL FOSTER PERSONS

Please read, sign and return one copy to us at All Sentient Beings, Inc. by email, fax or post.

I understand that All Sentient Beings, Inc. (ASB) offers a Foster Care program for animals being held while permanent homes are being found.

(Please indicate your agreement to all the statements below by initialing each one.)

I agree to the following:

- That the animal(s) is/are in my care temporarily, and belong exclusively to All Sentient Beings, Inc.
- That the purpose of this relationship is solely to provide a pre-determined term of temporary care for the animal(s)
- That ASB must approve any determination made concerning the animal(s)
- That I will be legally responsible for any damages to the person or property of others and/or to the animal(s), that results from my own negligent conduct
- That I will return the animal(s) to ASB on the scheduled date or on demand
- That should I decide to adopt the animal(s), I am subject to the ASB adoption guidelines
- That the period of Fostering should be agreed upon by ASB and the Foster

In addition, I agree to the following:

- To allow ASB to make a home visit prior to the arrival of the foster animal(s)
- To take my foster animal(s) only to ASB-approved veterinarians (since ASB is financially responsible)
- To keep my foster animal(s) on any required medications
- To provide food, cat litter, bedding and to keep litter boxes clean at all times
- To keep my foster animal(s) safe from any resident pets. This may include a period of isolation
- To keep cats indoors at all times
- To keep all windows closed and with tightly-fitted screens, when opened
- To notify ASB immediately if the animal(s) is/are not consistently eating, using the litter box, etc.
- To never give the care of my foster animal(s) to anyone else at any time

The Foster hereby releases All Sentient Beings, Inc. from any and all liability on claims arising out of the fostering of the animal(s).

The Foster hereby agrees that ASB shall not be responsible, unless approved in writing, for any fees or expenses (including, but not limited to, veterinary costs) arising from the fostering of the animal(s).

The Foster agrees to a mandatory follow-up plan, which includes ASB maintaining an ongoing relationship with the Foster, regarding the welfare of the animal(s).

I hereby acknowledge that I have read, fully understand and fully agree to all parts of this ASB Foster agreement. If I am unable to comply with this agreement, I understand that it may lead to a termination of my fostering with All Sentient Beings, Inc.

PRINT NAME \_\_\_\_\_ E-mail \_\_\_\_\_



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ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

Does your job require you to travel? \_\_\_\_\_ Do you work long hours? \_\_\_\_\_  
Do you work at home? \_\_\_\_\_

FOSTER ANIMAL(S) NAME(S) \_\_\_\_\_

PERSONAL VET \_\_\_\_\_ PHONE \_\_\_\_\_  
E-mail \_\_\_\_\_

YOUR CURRENT ANIMAL (S) \_\_\_\_\_

PLEASE PROVIDE 3 REFERENCES, BOTH PROFESSIONAL AND PERSONAL

Name, Phone, E-mail

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please print your name \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_