

Daviess County Fiscal Court  
Daviess County Animal Control  
2620 Hwy 81  
Owensboro KY 42301  
(270) 685-8275

**Foster Home Application & Contract**

PLEASE READ AND SIGN YOUR AGREEMENT TO COMPLIANCE TO THIS CONTRACT

By signing this contract, I agree to the following:

1. I understand that any animals fostered are the property of Daviess County Animal Shelter, until an adoption contract is signed, and shall be returned to the shelter when directed by Daviess County Animal Shelter.
2. At no time shall any animal being fostered be given away, sold or kept by any other person that the person signing this contract.
3. I understand and agree that anyone interested in adopting a foster animal must make arrangements with shelter staff and must adopt the animal in person at the Daviess County Animal Shelter.
4. I understand and agree to maintain contact with the director or designee about the animal's welfare, adoption status and any other information pertaining to the foster animal.
5. I understand and agree Daviess County Animal Shelter and/or Daviess County Fiscal Court are not liable for any damages, destruction or injury that a foster animal causes to property, animals, people or any other items not mentioned.
6. I understand and agree to provide medications, special foods or any other needs for the animals.
7. I understand and agree to take all necessary precautions about the safety, health and general well being of the animals I foster.
8. I understand that NO VET BILLS will be paid or reimbursed unless you have received prior approval and authorization from the director. If the animal you are fostering becomes ill, you must contact the shelter as soon as possible.
9. If unable to produce the animal upon request by the Animal Shelter, the animal will be considered stolen and charges will be filed with the County Attorney. If the animal is deceased, the body shall be returned to the shelter. Deposit(s) WILL NOT be refunded if the animal(s) are not produced upon request.
10. At no time are any foster animals allowed to be fostered in an outside area without prior approval from the shelter director. All puppies (under 6 months), cats and kittens SHALL be fostered indoors and not allowed outside without direct supervision at all times.
11. A deposit is required to Daviess County Animal Control at the time that the foster-to-adopt animal is taken from the shelter.
12. No individual will be allowed to foster without valid identification and completion of this contract.
13. I understand that I must finalize this adoption (including the spay or neuter) within 60 days of signing this contract unless approved by the director or risk being turned over to the County Attorney for prosecution.
14. I have read, understand and agree to the terms of this foster application.

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY**

Primary Name: \_\_\_\_\_ Co-Name: \_\_\_\_\_

Primary Driver License #: \_\_\_\_\_ Co-Driver License #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zipcode \_\_\_\_\_

Primary Phone \_\_\_\_\_ Co- Phone \_\_\_\_\_

Email: \_\_\_\_\_ Vet Reference: \_\_\_\_\_

Do you OWN \_\_\_\_\_ or RENT \_\_\_\_\_ Landlord Name & Phone #:(Required): \_\_\_\_\_

**2 additional contacts (people not living with you)**

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal ARN#: \_\_\_\_\_ Name: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

Shelter Director Approval YES \_\_\_\_\_ or NO \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_