



SENIORS FOR SENIORS AGREEMENT

Shelter Phone Number: 610-760-9009

Sue B: 610-248-2078

Therese: H: 610-298-8102; C: 610-248-7399

E-mail: fffadoption@verizon.net

A 501(c) (3) Non-Profit/ No-Kill/ Tax Deductible Organization

PLEASE PRINT CLEARLY

Date:	Drivers License ID:	Your DOB:	
Pets Name:	Color/Breed:	Sex:	Age: DOB:
Senior Foster:	Home ph: Cell ph:	Work ph:	Intake:
Address:	City:	State:	Zip:
Email:	Emergency contact:		

IF RECENTLY MOVED (NEW ADDRESS): _____

I understand that the shelter will provide food, cat litter, and medical treatment to support the well being of the animal. I understand that the shelter can demand the return of the animal to the shelter if I do not comply with this agreement or I die. I also understand this agreement is legal and binding.

By signing below, I agree to the following:

- To KEEP the fostered animal(s) **in the house** and not to be let out for any reason (Except for an emergency).
- To provide proper and adequate **food, water, shelter, and kind treatment** and to **keep this animal inside** at all times.
- To provide veterinary care to the animal to prevent and cure illness (FFF should be contacted first so the FFF veterinarian can provide veterinary care if possible. If the animal is taken to a veterinarian other than the FFF veterinarian or a FFF approved veterinary hospital (Country Doctor or Walbert Animal Hospital), then I assume all veterinarian costs).
- To obey local laws regarding licensing and animal control.
- NOT TO **sell, give away, or abandon** the animal if I no longer desire it, but to **return** it to FFF.
- NOT TO **sell, give away, or use** the animal for **experimental** purposes.
- That FFF is in no way responsible for any **damage**, which the animal may do to another **person** or **property** and no attempt will be made to hold FFF responsible.
- To accept the animal **as is**, and that FFF is in no way responsible for the condition of the animal.
- To provide **access** to the animal at the request of FFF representatives who may **visit to check** on the animal's welfare.
- Should the animal need to be returned to FFF for whatever reason, **please give 2 weeks notice**.
- All fosters are responsible for **notifying** FFF of any change of address for follow-up purposes.
- If the **animal is taken to a veterinarian**, and they suggest that the **animal be put to sleep, you must contact FFF** first for a second opinion.
- There is no adoption fee, as this a foster agreement, unless the individual desires to make a donation to FFF.

Foster's Signature: _____ Witness: _____

Permission to post photos on social media and/or print publications: _____



Medical History

Date(s) Administered	Approximate Due Date(s)
Spay/ Neuter:	Spay/Neuter:
By (veterinarian):	
Declawed:	
Feline Leukemia (FeLV): Positive Negative	
FIV: Positive Negative	
Distemper shot 1:	Distemper shot 1:
Distemper shot 2:	Distemper shot 2:
Distemper shot 3:	Distemper shot 3:
Rabies:	Rabies:
Ear mite treatment: Brand name:	
Flea treatment: Brand name:	
Worming treatment: Brand name:	MICROCHIP#
Additional Information: see medical chart	
Date: Weight:	
Feeding Instructions:	

NOTE: PENNSYLVANIA STATE LAW REQUIRES THAT THE ANIMAL IS PROVIDED WITH FOOD, WATER, SHELTER AND VETERINARY CARE.