SNAP FOSTER CONTRACT
SPAY NEUTER ASSISTANCE PROGRAM, INC.

EMAIL: adoptions@snapofpa.org
WEBSITE: https://www.snapofpa.org/
FB: https://www.facebook.com/SpayNeuterAssistanceProgram
FORM SUBMISSION: Adoptions@SNAPofPA.org

Hold Harmless Clause

I, _____, understand that Spay Neuter Assistance Program Inc. (SNAP) makes no guarantee relating to the animal's health, behavior or actions. I understand that I receive foster cats/kittens at my own risk.

I agree to hold SNAP free and harmless from all liability arising out of all claims, demands, losses, damages, actions or judgments of any kind and description which may occur to or be suffered by me, members of my household, or any third parties, and to my personal pets by reason of activities arising out of my acceptance of an SNAP foster cat or cats.

_____ *In addition, I agree that when using a vehicle on behalf of Spay Neuter Assistance Program, Inc., whether owned, leased, rented, or borrowed, I will hold Spay Neuter Assistance Program Inc., its officers, agents, and assigns, harmless against any and all claims, damages, losses, liabilities, costs, or expenses of every kind and nature, including but not limited to personal injury, property damage, or third-party claims, arising out of or in connection with the use, operation, or control of such vehicle. This shall apply to any and all incidents occurring during the period of use, whether on public roads, private property, or other premises, and whether caused by the other party's own actions, the actions of any driver or operator, or any third party. In addition, I agree to maintain at all times during the period of use, valid and enforceable insurance coverage for the vehicle including but not limited to liability, collision, and comprehensive coverage, naming me as the insured.*

Policies and Policy Violation

_____ *I will keep SNAP foster cat(s) in my possession and not transfer them to other homes or other people unless directed or agreed to by SNAP. Additionally, I will not surrender to any shelter, abandon, or give away SNAP foster cat(s) in my care under any circumstances.*

_____ *I agree to keep my personal cats up to date on rabies and distemper (FVRCP) vaccines.*

_____ *I will not take in any fosters without the approval of a SNAP appointee.*

_____ *I understand that I am not permitted to provide consent/authorization for euthanasia of any foster cat in my care.*

_____ *I understand that SNAP reserves the right to end this foster arrangement for any reason, in which case any foster cat(s) in my care must be surrendered back to SNAP with all medications and medical records. I agree to keep the foster cats in my care in a clean, safe, pest-free, and warm or cool environment as the outside temperature demands.*

_____ *All foster cat(s) are within the legal ownership and protection of SNAP until such time as an Adoption Contract is completed and transfer of the cat(s) from foster care (SNAP) to a permanent home (New Owner) is completed.*

_____ *I understand that SNAP will supply medications, testing, vaccines, medical needs and spay/neuter surgery for foster cats in my care. Food and litter will be supplied as donations allow. I understand that I will be required to provide food and litter personally at my expense for the foster cat(s) in my care if SNAP is unable to supply.*

____ *If I am unable to continue fostering, I will notify SNAP ASAP to allow time for alternative arrangements for foster cat(s) in my care.*

By way of my signature below, or electronic submission of this form, I am acknowledging that I have read, understand, and agree to the contents of this contract and the Hold Harmless clause in its entirety. I agree to adhere to the terms and policies listed above, to SNAP standards, processes, and regulations set forth that are currently in place or as changed in the future. If any provision of this contract is for any reason unenforceable, the remainder of the contract shall remain in full force and effect. I also agree to a background check being performed as a precaution to protect the donations/money collected for the SNAP organization, the organization itself, and all SNAP volunteers.

My birth date is _____/_____/_____
(Note: Volunteers must be 18 years of age or older.)

Agreed to this _____ day of _____, 20_____

_____ Clearly Print-Volunteer Name

_____ Volunteer Signature

Street Address _____ Apt # _____ City _____ State _____

Zip _____ Phone _____(C/H/W) E-Mail _____