

# Foster Agreement



## EB FELINE REHOMING

[ebfelinerehoming@gmail.com](mailto:ebfelinerehoming@gmail.com)

[facebook.com/EBRehoming](https://facebook.com/EBRehoming)

[ebfelinerehoming.org](http://ebfelinerehoming.org)

P.O. Box 25662

Fort Wayne, IN 46825

I, \_\_\_\_\_ agree to foster

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

caring for, feeding and socializing and/or medicating as may be needed during this period, until their return to EB Feline Rehoming.

I/We agree to hold EB Feline Rehoming harmless for any illness, injury or harm caused by any animals I/we come in contact with during the course of our volunteer work. We/I agree to hold EB Feline Rehoming harmless and release EB Feline Rehoming from liability should I/we become ill or injured as a result of our interactions with any animals during our fostering.

Full Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### Signature of foster

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

By \_\_\_\_\_  
for EB Feline Rehoming