



EASTSHORE HUMANE ASSOCIATION, INC.
P.O. Box 320 - 1100 Park Street
Chilton, WI 53014
Telephone/Fax: (920) 849-2390
Email: ehashelter@gmail.com

Foster Animal's Name: _____

Description: _____

Admission No.: _____

FOSTER VOLUNTEER AGREEMENT

I agree to the following guidelines:

1. If my foster animal becomes ill or injured, I will notify Eastshore Humane Association immediately.
2. I understand that the animal belongs to Eastshore Humane Association.
3. When the foster period is complete, I will return the animal to Eastshore Humane Association.
4. I understand that Eastshore Humane is not responsible for any damage caused by the foster animal.
5. I understand that if Eastshore Humane Association incurs attorney's fees and costs in order to enforce the above conditions on behalf of my foster animal, I am legally responsible for these costs and agree to pay for all said attorney's fees, costs, and other expenses.

Signature of Foster Volunteer

Date

Volunteer's Printed Name

Signature of Eastshore Humane Representative