

Temporary Pet Foster Agreement

1. Your pet | Complete one agreement for each individual pet

Fill in this PDF and save a copy, or print and complete it by hand. Use a safer device and a private storage location. Contact IARN with your advocate to arrange a safe way to return the form.

Pet information

Pet name

Species / breed(s)

Date of birth / age

Veterinarian

Kennel trained?

House / litter box trained?

Spayed / neutered?

Microchipped? Include number if known

Care, health and behavior

Health concerns, seizures, medications and care instructions

Current food / feeding routine

Allergies

Commands, training and helpful routines

History of aggression toward people or animals? Please explain.

Additional notes about your pet

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2. Safe communication | Owner and advocate information

Your privacy and safety matter

IARN treats your identity, contact details and pet placement as confidential program information. Access is limited to authorized people who need information to coordinate support or provide care. Personal details are not shared with foster caregivers unless needed for care and coordination. Your identity, story, pet photographs and foster location will not be posted publicly or used for publicity without your express permission. Any legally required disclosure will be handled with care for your safety.

You do not need to describe the abuse on this form. Discuss safe communication with your advocate before providing contact details. Leave unsafe contact fields blank. A shelter or confidential residence address is not needed here.

Case worker / advocate / designated representative

Representative name

Program / organization

Representative email

Representative phone

Owner and safe contact preferences

Owner printed name

Safe phone number (only if safe)

Safe email address (only if safe)

Safe times to contact you

Safe contact method: advocate only, call, text, email, or you will contact us

May we leave voicemail / send texts / identify IARN? Specify what is safe.

Safe mailing address, city, state / ZIP (optional; no confidential residence)

Return safely: Coordinate delivery with your advocate or IARN before sending the completed form. Email and text may leave records on shared devices or accounts. Saving or downloading this PDF may also leave a record on your device.

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3. Placement terms | Read each term and enter your initials

Initials

I hereby temporarily release care of my pet to Idaho Animal Rescue Network (IARN). I understand that during my pet's stay with IARN, the organization will assume responsibility for my pet and hold full legal responsibility for its care and well-being.

Initials

I understand that Idaho Animal Rescue Network will provide up to 30 days of foster care at no cost to me. I agree to remain in regular contact with my case worker, advocate, or designated representative throughout this placement.

Initials

I authorize IARN to administer or arrange for my pet to receive any necessary vaccinations, including core vaccines and any other vaccines recommended by a licensed veterinarian or required for safe foster placement.

Initials

I grant IARN full permission to provide any medical treatment deemed necessary for my pet's health and safety, as well as to place my pet in a safe and appropriate foster home. If my pet is not already spayed or neutered, I also authorize IARN to have this procedure performed by a licensed veterinarian at no cost to me.

Initials

I understand that by entering this temporary foster arrangement, failure to maintain contact with my case worker and/or Idaho Animal Rescue Network may result in my pet being considered abandoned. If this occurs, and after the initial 30-day foster period has passed, IARN may move forward with permanent placement and rehoming of my pet.

Initials

I understand and agree that Idaho Animal Rescue Network (IARN), its officers, directors, volunteers, foster homes, and representatives shall not be held liable for any illness, injury, loss, death, or unforeseen circumstance involving my pet during its temporary foster placement, except in cases of gross negligence or intentional misconduct.

Initials

I voluntarily release and hold harmless Idaho Animal Rescue Network (IARN) from any and all claims, damages, liabilities, costs, or expenses arising from my pet's care, medical treatment, transportation, foster placement, or any decisions made in good faith regarding my pet's welfare during this temporary foster arrangement.

Owner signature

Complete and review all three pages before signing. Placement is subject to coordination and availability. Sign by hand after printing, or use your PDF reader's signing tool.

Date

Owner signature

Owner printed name