

CITY OF SANTO TOMAS BATANGAS CITY VETERINARIAN OFFICE

Gov. Malvar St., Poblacion 1, City of Santo Tomas, Batangas 4234 Tel No. (043) 784-8022 Local 202





MEMORANDUM OF AGREEMENT

The foster parent agrees that:

- 1. The foster parent will take prudent and responsible care of the animal. He/she will ensure that the animal will not be stolen, lost or injured. Cats must stay indoors where it is safe and secure at all times. Dogs/puppies will need a place inside the house or fenced yard adequate for their size, with complete shelter from heat and rain.
- 2. The foster parent will use collar and leash on the dog when taken outside of his/her enclosed property.
- 3. The foster parent will send a status update to the City Veterinarian Office every month to ensure that the animal is in good condition.
- 4. The animal remains the property of the City Veterinarian Office.
- 5. The foster parent is willing to take on the entire expense of an animal's care.
- 6. He/she is responsible for providing food, water, shelter, grooming, and bedding for the animal using his/her own resources without reimbursement from the shelter.
- 7. The foster parent should schedule an appointment with the city veterinarian to avail free services (if the foster animal need medical attention).
- 8. If the medication for the animal is unavailable at the city veterinarian, the foster parent agrees to acquire it outside.
- 9. If there are emergency, the foster parent should contact the shelter immediately to determine the best course of action.
- 10. If there is a need for you to take the animal to clinic outside of City Veterinarian Office, the foster parent is responsible for the expense incurred without reimbursement from the shelter.
- 11. The foster parent is responsible for taking the animal back to the city veterinarian office for all required medical appointments, i.e., scheduled vaccinations, deworming, spaying/neutering which are all free of charge.
- 12. If the foster parent already has animals at home, they must be healthy and up-to-date with vaccination shots. They also must be spayed/neutered if he/she will allow them to interact with his/her foster animal (to avoid unwanted pregnancies). If his/her own pets are not spayed/neutered, he/she will ensure that they will be separated from your foster animal and that no breeding will occur.
- 13. City Veterinarian Office is not responsible for damages caused by a foster animal.
- 14. If there are problems with the foster animal, the foster parent will return the animal to the animal compound as soon as possible. The foster parent is not allowed to

transfer the animal to another individual with the approval of City Veterinarian Office.

- 15. A tentative return date shall be determined as to when is the best time to return the animal to the animal compound. If the animal has not recovered, City Veterinarian Office will discuss the animal's situation with the foster parent and a veterinarian (if needed) to determine if the animal's stay should be extended.
- 16. In the unfortunate event that the animal becomes ill during foster care as to warrant humane euthanasia as advised by an outside veterinarian, the foster parent should contact the City Veterinarian Office immediately to determine the best course of action. He/she is to return the animal to animal compound. He/she may also have an outside veterinarian to perform the humane euthanasia procedure at his/her expense without reimbursement from the City Veterinarian Office. Emergency euthanasia is allowed if the animal has to be spared from unnecessary pain due to accident, provided that it is supported by a medical document signed by the attending veterinarian stating reason for euthanasia and procedure applied.
- 17. The foster parent or another person of his/her referral should express interest in adopting the animal permanently, the usual adoption process will be followed.

This memorandum represents the entire agreement between the parties and any modification will be made in writing and signed by both the foster parent and a representative of City Veterinarian Office.

AGREEMENT

		Date:		
Pet Name:		Species:	Breed:	
Gender:	Age:	Color/Ma	arkings:	
·		•	ability of injury of illness I, my family or parent for City Veterinarian Office	
I have read, understoo	od, and agreed to	o abide by the i	memorandum of agreement.	
CITY VETERINARIAN OFFICE			FOSTER PARENT	
REPRESENTATIVE		Sign	Signature over printed name	

Signature over printed name