



## End of the Trail Rescue, Inc. and Sanctuary

www.EOTTR.org

Olathe Facility: 5814 Hwy 3484 Olathe, CO 81425

Phone: 970.323.5400 Fax: 970.323.9090

### Foster Contract

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End of the Trail Rescue, Inc.

#### Please read the following very carefully before signing.

This is a contract between End of the Trail Rescue, Inc.(hereafter referred to as EOTTR) and \_\_\_\_\_ ,  
residing at \_\_\_\_\_ .

This contract will remain in effect from the date of signature until such time as the last equine owned by EOTTR is removed from the foster home's facility.

The foster home has applied for and been approved by EOTTR to foster equines at the above address. If the equine(s) fostered will be kept at a different address, that address is \_\_\_\_\_  
\_\_\_\_\_

The foster home acknowledges the following statements by placing his/her initials after them.

- I completely understand and agree that any and all equines fostered by me for EOTTR remain the property of EOTTR. I do not own and may not transfer, sell, give away, lease out, or otherwise have or cause any other person to claim to have any partial or full ownership of any equine owned by EOTTR. \_\_\_\_
- I understand that EOTTR may, at its sole discretion, remove any equine fostered by me and owned by EOTTR from my property and care at any time, if there is a breach in the Adoption/Foster Regulations, Foster Contract, or have falsified information on any document. \_\_\_\_ .
- I understand and agree that if I require or desire to cease fostering an equine for EOTTR, I must give notice in writing thirty (30) days prior to relinquishing the equine. I agree to transport the equine at my cost to the EOTTR facility in Olathe, CO. \_\_\_\_
- I agree to provide required feed, farrier, and veterinary care to the fostered equine at my expense or special attachments to this contract \_\_\_\_.
- I agree to comply with any requests from EOTTR for information regarding any equines owned by EOTTR and fostered by me \_\_\_\_.
- I agree to allow potential adopters of any equines owned by EOTTR and fostered by me access to said equines for the purposes of pre-adoption visits \_\_\_\_ .
- In the event of an emergency, I understand that I may move any equines owned by EOTTR and fostered by me to a safe place. I also agree to give EOTTR notice (in the form of a telephone call or e-mail) of new location within twelve (12) hours of moving them . \_\_\_\_

▪ I agree that should it become necessary to euthanize any equine owned by EOTTR and fostered by me for medical reasons, I must provide a statement as to the cause and agreement of said action by a licensed large animal Veterinarian. I also agree to notify EOTTR before this procedure is done. \_\_\_\_

▪ I agree that an authorized representative of EOTTR may enter the property where any equines owned by EOTTR and fostered by me reside with or without notice to determine if conditions of this Foster Contract are being complied with. I further offer that an authorized representative of EOTTR may enter at any time, with or without cause, the property where any equines owned by EOTTR and fostered by me reside and take immediate possession of said equines without recourse by me. \_\_\_\_ .

▪ I agree to accept all responsibility for any action or lien resulting from any action, directly or indirectly involving any equine owned by EOTTR and fostered by me while it is in my care. Therefore, I agree and understand that neither EOTTR nor its employees or agents will be liable for any damages or injury caused to me or any third person by the equine(s) owned by EOTTR and fostered by me once I receive delivery of it, including but not limited to damages or injuries caused by the fact that the equine(s) does not behave or perform in the manner that I expected. Further, if any third person makes a claim against EOTTR or any of its employees or agents as a result of any conduct of the equine after I have taken possession of it, I agree to indemnify and hold EOTTR its employees and agents harmless from any such claim including costs and attorney fees resulting from such claim \_\_\_\_ .

▪ If I am unable to care for any equines fostered by me and owned by EOTTR or if I am found in default of any of the conditions of this agreement or in the event of my death, I acknowledge and/or direct my estate to acknowledge that the equine(s) will be returned immediately to EOTTR, that said equine(s) is separate from and not included in my estate or personal property in any manner or form and I direct that, if I am unable to return said equines to EOTTR, that whomsoever shall have directive powers over my affairs return or cause to return said equine(s) immediately to EOTTR \_\_\_\_ .

▪ I understand that it is my responsibility to read, understand, and obey the current Policies of EOTTR as well as any revisions or changes to these policies \_\_\_\_ .

**I hereby accept the above agreement and conditions.**

Signature of Foster Home \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of EOTTR Representative \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_