

Cat FOSTER PARENT AGREEMENT

Verona Street Animal Society (VSAS) greatly appreciates your time, energy and dedication to the Foster Care Program (Program). By joining, you are asked to comply with our policies and the expectations of the Program.

Please read and initial the following:

Program Requirements

_____ I understand that foster cats are the property of VSAS and that as a foster parent I have certain responsibilities to ensure the safety of my foster cat.

_____ I will attend any required training session* and will read the Foster Parent Manual and all other handouts included in the Packet.
(*Attendance is required unless approved by the VSAS Foster Team)

_____ I will follow the vaccination and medical schedule for my foster cat, and I agree to schedule vaccinations and any other required medical needs for my foster cat as recommended by the VSAS Foster Team.

_____ I understand that I need to get pre-approval by a Foster Team leader prior to taking my foster cat to the veterinarian for anything other than routine visits dictated by their medical schedule. I understand that I must use the veterinarian with whom VSAS has contracted, whose name and contact information will be provided to me by the VSAS Foster Team. I further understand that if I take my foster cat to the veterinarian with whom VSAS has not contracted I will not be reimbursed for expenses incurred.

_____ I understand that continued participation in the Program depends on my cooperation with these expectations.

_____ I agree that the opportunity given to me to care for and socialize my foster animal and help it to find a forever home, as well as the possibility of a future adoption of my foster animal, are of significant benefit to me, and serve as proper legal consideration in exchange for my agreements stated in this contract

Cat Care Responsibilities

I understand that tending to the safety of my foster cat/kitten includes:

_____ I will never allow young children unsupervised access to my foster cat.

_____ I agree to make every effort to answer any phone call or e-mail inquiring about my foster cat sent to me by a Foster Team leader, potential adopter or RAS within 24 hours of the receipt of the phone or email message.

_____ I understand that VSAS is not responsible for illness occurring in, or veterinary care required by my own dogs, cats or other animals.

_____ I will not transfer my foster cat to another foster home unless I have prior approval from a VSAS Foster Team Leader.

_____ I will immediately contact a VSAS Foster Team Leader if there is an accident, involving the death of, injury of, or escape by my foster cat.

_____ I will immediately contact the VSAS Team Leader assigned to me if my foster cat shows any concerning behavioral issues.

_____ I will immediately contact my team leader if my foster cat shows any signs of sickness, including extreme lethargy, loss of appetite, breathing difficulty, green nasal secretions, lack of weight gain in a kitten, mouth breathing, etc.

_____ In addition to providing a routine update about the status of my foster cat, I also agree to contact my Foster Team Leader whenever I have a concern or need assistance.

Adoption Responsibilities

_____ I understand that I am expected to actively participate in finding an adopter by marketing my foster cat.

_____ I agree to contact EVERY potential adopter that is referred to me within 24 hours, even if it is to inform them that my foster cat is adopted and to refer them back to RAS.

_____ I understand that no foster cat is to be handed over to an adopter

(or be kept as my own pet if I choose to adopt my foster cat) until the official adoption paperwork is complete AND the spay/neuter surgery is done.

_____ If I decide that I want to adopt my foster cat for my own I understand that I can not start the adoption process if there is a potential adoption in process (for example, a potential adopter has contacted me about my foster cat).

_____ I have answered the questions above truthfully and completely. I understand that although RAS takes reasonable care to screen the animals who are made available for adoption and foster care placement, neither RAS nor VSAS make any guarantee relating to the foster animal's health, behavior, or actions. I understand that I receive foster care animals at my own risk.

Name _____

Address _____

City _____ State, _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Work _____

Email Address _____

Signature _____

Date _____

Please complete, sign this form and either mail to Verona Street Animal Society, P.O. Box 22874, Rochester, NY 14692 or drop off at Rochester Animal Services at 184 Verona Street, Rochester, NY 14602.

