**Foster Care Agreement**

**Please Read and Sign**

1. I understand the goals and mission of Your Organization and, as a Your Organization volunteer, agree to work toward these goals and to represent this mission within the community on behalf of the organization. My commitment includes abiding by Your Organization foster care guidelines, as outlined in Your Organization Foster Program Manual, which I have received. This includes, ***but is not limited to:***
   * A commitment to keep Your Organization’s foster cat(s)/kitten(s) indoors and not expose them to other cats that have access to outdoors.
   * A commitment to follow Your Organization instructions with regard to medical care.
   * A commitment to keep detailed, dated medical records (which will be made available for adopters), and ensure that an up to date copy is also on file at Your Organization facility.
   * Moms and kittens must be housed separately in their own room.
2. I understand that only Your Organization foster coordinator, director of operations, and the executive director have the authority to make exceptions/changes to program guidelines.
3. I understand that Your Organization is the sole guardian of cats/kittens in foster care and that fostered cats/kittens must be returned to Your Organization upon Your Organization request. I understand that Your Organization has the right to terminate this foster care agreement and relationship at will.
4. I understand that if I, as a foster volunteer, want to adopt any of my foster cat(s)/kitten(s), I must go through the standard Your Organization adoption process. I also understand that I cannot send any of my foster cat(s)/kitten(s) to an adoptive or *potential* adoptive home until the cat(s)/kitten(s) has been altered, the adoption process has been completed by a trained adoption counselor and the foster coordinator has been informed. Furthermore, I must have permission from the foster coordinator before sending my foster cat(s)/kitten(s) to another approved Your Organization foster home. I also understand that expenses for food, litter, treats, scratch posts, etc. cannot be applied toward adoption fees should I adopt a cat(s)/kitten(s).
5. **I understand that foster cat(s)/kitten(s) need to be taken to Your Organization on-site veterinary hospital for any medical care and can be reached at 503.555.5555.** Your Organization funds all medical care, and in the event of a medical emergency after hours or on the weekend approval is needed by the foster coordinator, foster mentor, Your Organization on-site vet or vet-tech, and ***only*** if the medical care is provided at a Your Organization approved veterinary clinic or hospital. I understand that if I choose to take my foster cat(s)/kitten(s) to a non-approved veterinary clinic, or if I take my foster cat(s)/kitten(s) to an emergency veterinary hospital without prior approval, Your Organization will not reimburse me for the expenses incurred.
6. I understand that there is a possibility of health or injury risk when caring for cats. I also understand that pregnant women and people with suppressed immune systems need to be aware that a parasite sometimes found in feces could cause toxoplasmosis. Special care needs to be taken if such persons plan to come in contact with used litter pans. I will not hold Your Organization liable for any injury or illness, whether to the animals or humans in my home, which may result from my foster activities.
7. I understand that if I need to leave town during my foster period that I will need to give a two-week notice when possible to the foster coordinator for my kittens to be permanently rehomed to another Your Organization foster home.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Foster Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Organization Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Coordinator Date

Name(s) of foster cat(s)/kitten(s) sent to foster on this date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby bag # \_\_\_\_ Scale # \_\_\_\_ Warmie # \_\_\_\_