



Foster Care Agreement

Today's Date: _____

Name: _____

(Primary caregiver must be at least 18 years old)

Address: _____

City/State/Zip Code: _____

Mobile Number: (_____) _____ Alternate Number: (_____) _____

E-mail Address: _____

Best way to contact and best available hours: _____

How many people are in your household?

Adults: (including self) _____ Children: (if any) _____ Ages: _____

Does anyone in the household have allergies to cats or dogs? YES / NO

If yes, please explain: _____

Do you (please circle): RENT LEASE OWN

If renting/leasing, are there any pet restrictions? YES / NO

If yes, what are they? _____

Please list all your current pets, if any?

Dog/Cat	Breed	Age	Gender	Altered	If not, please explain
				YES / NO	
				YES / NO	
				YES / NO	
				YES / NO	
				YES / NO	

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Are your animals up to date on all their vaccinations?

YES / NO

If no, please explain: _____

What kinds of animal(s) are you interested in fostering ?

- Injured / Sick Adult Cats / Senior Cats
- Injured / Sick Kittens
- Mother with Litter of Kittens
- Orphaned / Weaned Kittens
- Bottle Fed Kittens
- Injured / Sick Adult Dogs / Senior Dogs
- Injured / Sick Puppies
- Mother with Litter of Puppies
- Orphaned / Weaned Puppies
- Bottle Fed Puppies

How long are you willing to foster?

- As long as needed
- Until they are adopted
- Other _____

Do you have any experience with bottle fed kittens / puppies? (Please explain.)

Do you have any experience working with behavioral problem animals, such as feral kittens or fearful dogs? (Please explain.)

Please tell us anything else you would like us to know or any previous experiences you have had with animals.

***Final Disposition of the foster animal belongs to ASCMV, not the foster parent.**



Foster Care Agreement

- I, _____, understand that the Animal Service Center of the Mesilla Valley (hereinafter "Center") reserves the right to verify all the information on the Foster Program Application.
- _____ *Initial* - I understand that the Center reserves the right to terminate the Foster Care Agreement at any time.
- _____ *Initial* - I understand that the foster animals are the property of the Center, and that upon request by the Center I shall return any and all foster animals as soon as reasonably possible.
- _____ *Initial* - I understand that the Center may limit the number of animals being fostered at one time, and determine the length of foster care for each animal.
- _____ *Initial* - I understand that if it is discovered that the foster animal is pregnant or has become pregnant, I am to contact and notify Center staff immediately. I understand that delivery of the animal to the Center shall then be arranged, so that Center Medical staff may assess and evaluate the animal, and thereafter make a determination in regards to surgery.
- _____ *Initial* - I understand that all foster animals under my care must be accounted for at all times, and if any foster animal becomes lost or escapes I shall immediately notify the Center.
- _____ *Initial* - I agree to monitor the foster animal(s) under my care for any signs of illness or injury and to notify the Center immediately if such signs are observed.
- _____ *Initial* - I understand that if I choose to take this animal to any other Veterinarian or Clinic, it will be at my own expense and no expenses will be reimbursed by the Center.
- _____ *Initial* - I understand that it is my responsibility to notify the Center immediately upon death of any foster animal that dies while under my care, and it is my responsibility to deliver the remains of such animal to the Center during regular operational hours for verification purposes.
- _____ *Initial* - I understand that failure to deliver said remains may result in an adoption fee of \$25.00 per dog or cat that I shall be required to pay to the Center.
- _____ *Initial* - I agree to keep the foster animal(s) indoors at all times unless accompanied by me.
- _____ *Initial* - I understand that I may be contacted on a weekly basis for updates on my foster animal(s).
- _____ *Initial* - I understand that I am responsible for picking-up and returning the foster animal(s) to and from the Center, and that the Center may limit the number of foster animals being returned at one time.
- _____ *Initial* - I agree to abide by and follow any and all decisions made by the Center regarding the treatment, return, and/or disposition of the foster animal(s) under my care.
- _____ *Initial* - I understand that the Center provides only basic care to foster animals and cannot provide extensive and/or prolonged treatment for sick or injured foster animals, including skin diseases.
- _____ *Initial* - I understand that the Center is not financially responsible for any damages sustained to my property as a result of foster care, and that the Center is not financially responsible for any costs I might incur through my own pet's medical bills that might have resulted from contact with the foster animal(s).
- _____ *Initial* - I agree to submit to scheduled inspections of the animal housing areas on my property by an Animal Control agency of competent jurisdiction at the request of the Executive Director.
- _____ *Initial* - I have read and fully understand the above stated terms and conditions and agree to abide by such terms and conditions.

If you have any concerns, please call us at: (575) 382-0018

If you have any after-hours emergencies, please call Central Dispatch at (575) 526-0795, and explain to the dispatcher that you are fostering an animal belonging to the Center. The call will then be re-directed to the appropriate Center on-call personnel.

	_____	_____
	APPLICANT'S SIGNATURE	DATE
CENTER REPRESENTATIVE	PRINTED	SIGNATURE
		DATE

