

Foster Care Agreement

Today's Date: _____

Name: _____

(Primary caregiver must be at least 18 years of age)

Address: _____

City/State/Zip Code: _____

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

E-mail Address: _____

Best way to contact you and available hours: _____

Tell us about the animals you currently have in your home. _____

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?

- | | |
|--|--|
| <input type="checkbox"/> Single Healthy Weaned Kittens | <input type="checkbox"/> Single Healthy Weaned Puppies |
| <input type="checkbox"/> Single Healthy Adult Cats | <input type="checkbox"/> Single Healthy Adult Dogs <input type="checkbox"/> Small <input type="checkbox"/> Large |
| <input type="checkbox"/> Litters of Healthy Kittens | <input type="checkbox"/> Litters of Healthy Puppies |
| <input type="checkbox"/> Mothers with Litter of Kittens | <input type="checkbox"/> Mothers with Litter of Puppies |
| <input type="checkbox"/> Bottle Fed Kittens | <input type="checkbox"/> Bottle Fed Puppies |
| <input type="checkbox"/> Injured / Sick Adult Cats / Senior Cats | <input type="checkbox"/> Injured / Sick Adult Dogs / Senior Dogs |
| <input type="checkbox"/> Injured / Sick Kittens | <input type="checkbox"/> Injured / Sick Puppies |
| <input type="checkbox"/> Special Behavior Needs Kittens / Cats | <input type="checkbox"/> Special Behavior Needs Puppies / Dogs |
| <input type="checkbox"/> Must Be <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Any Gender |

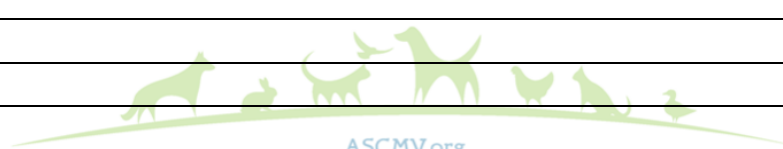
How long are you willing to foster?

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 special behavior needs 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.



Foster Care Agreement

I understand

- the Animal Service Center of the Mesilla Valley (hereinafter “Center”) reserves the right to verify that all the information on the Foster Care Agreement is true and correct, and to terminate the Agreement at any time.
- foster animals are the property of the Center, and that upon request by the Center I shall return all foster animals as soon as reasonably possible.
- that if the foster animal is determined to be pregnant or has become pregnant, I will notify Center staff immediately. 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 regarding surgery.
- foster animals under my care must be always accounted for, and if any foster animal becomes lost or escapes, I shall immediately notify the Center.
- if I choose to take this animal to any other Veterinarian or Clinic, **it will be at my own expense.**
- the Center is not financially responsible for any damages sustained to my property because of a foster animal(s), 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).
- 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 to the Center during regular operational hours for verification purposes.
- that I may be contacted on a weekly basis for updates on my foster animal(s).
- the foster animal(s) should be kept isolated from my current pets for a minimum two-week period.
- 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.
- the adoption of any foster animal(s) must be approved and finalized by Center staff.
- the Center can provide only basic care to foster animals and cannot provide extensive and/or prolonged treatment for sick or injured foster animals, including skin diseases.

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.
- to abide by and follow all decisions made by the Center regarding the treatment, return, and/or disposition of the foster animal(s) under my care.
- 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.
- to always keep the foster animal(s) properly restrained to the property in accordance with the respective ordinance.
- to abide by all permit and other requirements as stated in the ordinances of the jurisdiction in which I reside.

I have read and fully understand the above stated terms and conditions and agree to abide by such terms and conditions.

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

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.

