

Today's Date: _____

Name: _____

Address: _____

City/State/ Zip Code: _____

Mobile Phone: _____ Alternate Number: _____

E-Mail: _____

Foster Home Information

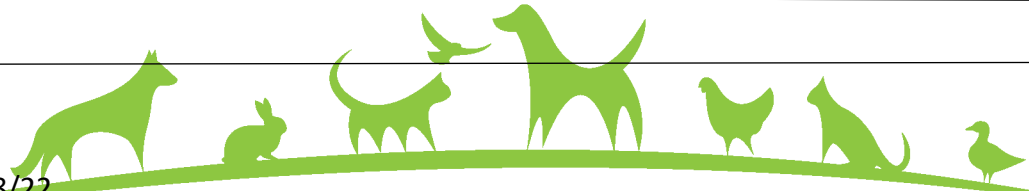
Human Household Members	Age	How will they be involved in care?

Animal Household Members	Age	Breed	Sex	Spayed or Neutered

In order to be approved to foster for ASCMV, all animals in your home must be current on vaccines.

Yes: No:

Describe where you will be keeping the foster animals, including how you will separate them from your own animals, if applicable:





Do you have any experience with bottle feeding kittens/puppies? Please explain.

Do you have experience working with behavior animals? Such as feral kittens or fearful dogs? If yes, please explain.

How long are you willing to foster? As long as needed Until they are adopted _____

Other: _____

Anything else you would like to share about yourself or your experience?

FOR OFFICE USE ONLY

Cats and Kittens		Dogs and Puppies	
<input type="checkbox"/>	Pregnant cat	<input type="checkbox"/>	Pregnant dog
<input type="checkbox"/>	Nursing mother cat and litter	<input type="checkbox"/>	Nursing mother dog and litter
<input type="checkbox"/>	Kittens: 0-4 weeks of age	<input type="checkbox"/>	Puppies: 0-4 weeks of age
<input type="checkbox"/>	Older kittens: 4-10 weeks of age	<input type="checkbox"/>	Older puppies: 4-10 weeks of age
<input type="checkbox"/>	Adult cat	<input type="checkbox"/>	Adult dog
<input type="checkbox"/>	Recovering from injury or surgery	<input type="checkbox"/>	Recovering from injury or surgery
<input type="checkbox"/>	On treatment for URI	<input type="checkbox"/>	On treatment for a URI
<input type="checkbox"/>	On treatment for ringworm	<input type="checkbox"/>	On treatment for ringworm
<input type="checkbox"/>	Needing behavioral modification	<input type="checkbox"/>	Needing behavioral modification

Revised 8/22



- 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. Upon request by the Center, I shall return all foster animals as soon as reasonably possible but, in no circumstances, less than three business days. If foster animals cannot be returned within three business days, the Center may arrange retrieval by staff. If Center’s staff must retrieve foster animals, I agree to facilitate their delivery to staff.
- 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.
- That I am not authorized to seek outside veterinary care for ASCMV foster animals without approval from ASCMV medical staff and may be dismissed from the foster program for doing so. Any outside medical treatment must be approved by ASCMV veterinarian. I also understand I will provide medical records to ASCMV for any outside veterinary care within 48 hrs. of the foster animals visit. If I choose to treat the animal(s) at a veterinarian of my choice, I understand that I will assume full responsibility for payment of the vet bill, and that ASCMV will be unable to reimburse me for any such payment.
- Foster animals are animals that have been assessed and evaluated by the Center and staff for health and behavioral concerns and approved for participation in the foster program. I acknowledge, however, that it is impossible to predict how any animal, including foster animals, may act or respond to changes in their surroundings or activities. The Center, therefore, is not responsible for any injuries or damages sustained by me, my family, my guests, or my property caused by any foster animal(s) in my care. I agree to notify the Center of any health or behavioral concerns that foster animals may display while they are in my care and, if necessary, arrange for the return the foster animals to the Center.
- It is my responsibility to notify the Center immediately upon the 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. The possibility of foster animals fighting, injuring, or spreading illness to my own pets does exist.
- 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.
- Any animal fostered by me is to be adopted to a permanent home only under the supervision of ASCMV, to an adopter approved by ASCMV, even if the adopter is me or a member of my household. All foster animals MUST be returned to ASCMV for sterilization and completion of adoption paperwork prior to permanent adoption. I understand that if I find a suitable home for any animal that I am fostering, all the above conditions must apply, and that the adopter must pay the adoption fee. I understand all socials are to be scheduled and held at ASCMV.

- 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.
- If I choose to foster a heartworm positive (HW+) animal, I will arrange and pay for HW treatment within 60 days of pulling the animal from ASCMV. ASCMV will provide radiographs, first initial base line bloodwork only with written consent from the veterinarian treating the HW + animal. I will bring my foster back to ASCMV for a heartworm test within 6 months of treatment. If the post treatment heartworm test comes back positive, I will be responsible to continue heartworm treatment. I agree to start my HW + foster on heartworm prevention. I agree if my HW+ animal is adopted during the HW treatment I will continue to pay for the HW treatment unless other arrangements are made by the adopter.
- To abide by all instructions provided by ASCMV regarding the amount fed to each animal to reach and maintain ideal body weight.
- I will not allow foster cats or kittens to go outside at any time except to transport them to and from the shelter, as needed. I agree to transport any foster cats, kittens, puppies, and small dogs in a sturdy carrier. I agree to transport any foster animal(s) in an enclosed vehicle only, and I will not allow them to ride in the bed of a pickup or a convertible.
- Failing to comply with these policies and directives from Center staff may result in termination of my participation in the foster program and ineligibility for other volunteer activities with the Center. Such decisions are in the discretion of the Center's Director or designee, are final, and cannot be grieved.

I agree:

- To monitor my foster animal(s) for any signs of illness as in (coughing, sneezing, vomiting, diarrhea). I understand that I will notify ASCMV within 24 hours on noticing my foster animal(s) of signs of illness and schedule a medical exam. Failing to notify ASCMV that your foster animal(s) are showing sign of illness and of failing to bring in your foster animal to a scheduled appointment will be dismissed from the foster program.
- 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 Center Staff or 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 permits and other requirements as stated in the ordinances of the jurisdiction in which I reside.
- To maintain adequate homeowner's or renter's insurance at all times while foster animals are in my care. I further agree to indemnify and defend the Center, its employees, and representatives for any claims that may arise as a result of any of my actions or omissions related to the foster animals or the actions of the foster animals while in my care. To comply with applicable provisions of Chapter VII of the Center's policies and procedures which I acknowledge have been provided to me.



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

Print Name _____ Signature _____

Email _____ Phone _____

Date _____

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