



# KITTEN RESCUE FOSTER AGREEMENT

Thank you for opening your home to foster animals! Without your love and care, these animals would not have a future. By accepting foster animals from Kitten Rescue and/or utilizing assistance from Kitten Rescue to place animals you have rescued, you agree to abide by the terms of this foster agreement as follows:

Initial

I understand that fostered animals belong exclusively to Kitten Rescue. I agree to promptly return all foster animals to Kitten Rescue upon its request.

\_\_\_\_\_

I understand that I am responsible for the cost of food, litter, and all supplies necessary to provide adequate and appropriate care.

\_\_\_\_\_

I agree to allow an authorized Kitten Rescue representative to visit my home upon reasonable notice to ensure the well-being of my fostered animals, the suitability of the foster environment and my compliance with the terms of this Agreement.

\_\_\_\_\_

I will keep my fostered cats and kittens indoors at all times, and will not allow them to interact with outdoor or untested cats.

\_\_\_\_\_

I will arrange for all necessary medical procedures in a timely fashion with Kitten Rescue. I understand that all veterinary care must be pre-authorized by a Kitten Rescue Medical Coordinator. Any medical or other services obtained without authorization or at a non-Kitten Rescue veterinary clinic may be paid for or reimbursed by Kitten Rescue at its sole discretion.

\_\_\_\_\_

I will keep my foster animals' medical and microchip records updated in the Kitten Rescue database.

\_\_\_\_\_

If my foster develops severe or bloody diarrhea, becomes lethargic, feels unusually warm or cold, loses weight, stops eating, or shows any other symptoms of a serious medical condition, I will contact one or more Medical Coordinators immediately and follow their direction for care or to obtain veterinary services.

\_\_\_\_\_

Kittens should be weighed daily and should gain weight at a rate of 4 oz. per week. I agree to weigh any foster kittens daily and will purchase a scale if needed. Weight loss or failure to gain weight every 24 hours should be considered a serious health warning and in such a case I agree to contact a Kitten Rescue Medical Coordinator to discuss treatment without delay.

\_\_\_\_\_

Kittens will be made available for adoption only after they have been spayed/neutered, vaccinated, tested for FIV and FeLV, and are in good health.

\_\_\_\_\_

I agree to indemnify and hold harmless Kitten Rescue; its Board of Directors, employees, officers and volunteers; all veterinary hospitals and veterinarians used by Kitten Rescue; and any other previous owners or fosters of my foster animals for any pre-existing or subsequent illnesses, medical conditions, damage to property, pets and persons, and any and all other liability.

\_\_\_\_\_

If I decide to adopt one or more of my fosters, I will fill out an adoption contract(s) and pay the required adoption fee.

\_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_