

WELLS VALLEY CAT SANCTUARY  
FOSTER CARE AGREEMENT

I agree to the following conditions: (please initial each)

1. \_\_\_\_\_ I certify that my own pets are currently licensed (dogs) and up to date on his/her vaccinations, including rabies.
2. \_\_\_\_\_ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. \_\_\_\_\_ I agree to keep the foster animal indoor at all times.
4. \_\_\_\_\_ Should the foster animal become ill while in my care, I agree to first call Wells Valley Cat Sanctuary, Inc. at 203-788-1135 and, if requested, I will take the foster animal to a veterinarian chosen by WVCS. Any charges that may incur through a private veterinarian will be my expense and not reimbursed. Deworming and vaccinations that are required during foster time will be provided by WVCS, who will schedule the appointment, with a veterinarian that WVCS works with.
5. \_\_\_\_\_ I fully understand that the foster animal is the property of WVCS, Inc. Any decision made by the director of foster care will be followed by me, regarding the return and/or disposition of the foster animal.
6. \_\_\_\_\_ I agree to return the foster animal(s) as instructed.
7. \_\_\_\_\_ I understand that WVCS, Inc. is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. \_\_\_\_\_ WVCS, Inc. is held harmless should my personal animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal(s).

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

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

Print

Name: \_\_\_\_\_

WVCS Staff

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