

WELLS VALLEY CAT RESCUE 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 Danielle, my Medical Director at Wells Valley Cat Rescue, Inc. at 860-480-2391 and, if requested, I will take the foster animal to a veterinarian chosen by WVCR. Any charges that may incur through my private veterinarian will be my expense and not reimbursed. Deworming and vaccinations that are required during foster time will be provided by WVCR, who will schedule the appointment, with a veterinarian who works with WVCR.
5. _____ I fully understand that the foster animal is the property of WVCR, Inc. Any policies, procedures, medical decisions or instructions made by Medical Director Danielle Van Doren, will be followed by me, regarding the care including the subsequent return of the foster animal.
6. _____ I will make every attempt to make my fosters available for adoption events, ie corralling for pick up or even dropping off at requested sites.
7. _____ I understand that WVCR , Inc. is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. _____ WVCR, 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).

Foster

Signature: _____

Print _____

WVCS

Signature: _____

Print _____