



Adams County Humane Society (ACHS)

Cat Foster Agreement

1982 11th Ave.
Friendship, WI 53934
(608) 339-6700

ANIMAL NAME: _____ ANIMAL NUMBER: _____

BREED: _____ COLOR: _____ AGE: _____

MICROCHIP #: _____

FOSTER PARENT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____

_____ I AGREE to care for and love ANY foster cat provided to me by ACHS as if it were my own.

_____ I AGREE to provide my foster cat with the proper diet, exercise, and basic medical necessities.

_____ I UNDERSTAND that all cats placed in foster care need to be spayed/neutered and vaccinated. If I receive an unfixed cat, Adams County Humane Society may request that I schedule an appointment with a designated veterinarian and assist in transporting the cat to and from the appointment. If I cannot arrange to transport the cat myself, I will call my ACHS representative and assist in any way possible. **NO CAT CAN BE ADOPTED PRIOR TO BEING SPAYED OR NEUTERED.**

_____ I UNDERSTAND that all basic medical expenses for each foster cat that comes into my care will be covered by ACHS, provided that the ACHS Shelter Manager has approved the medical expenses, and the care is provided by an ACHS designated veterinarian.

_____ I UNDERSTAND ACHS will offer donated items, as available, for use by foster homes. Crates can be loaned to foster homes and must be returned to ACHS when the foster cat is adopted. ACHS appreciates willingness to donate toward the cat's general expenses, like food, treats, etc. Such general expenses, if paid for by a foster home, may be tax deductible.

_____ I UNDERSTAND that any potential adopter **MUST** be interviewed and approved by an authorized ACHS representative. I understand that my input will be appreciated and be a part of the process, but that the final decision to place or not to place a fostered cat with a particular potential adopter will **ONLY** be made by an authorized ACHS representative.

_____ I AGREE to let ACHS know if prospective adopters contact me directly by phone or email, and to send copies of any email inquiries to my ACHS representative. If it is possible for a prospective adopter to

visit my home to meet the animal, I can also arrange for an ACHS representative to be there during the visit. Adoption meetings can also be done at the ACHS facility and I agree to bring the fostered cat to ACHS at the time of that meeting.

_____ I UNDERSTAND that should I have ANY concerns or feel uncomfortable with a situation between a foster cat and a child, I will contact the foster liaison or a senior ACHS Representative. We will either take the cat out of your home or assist with training needs, depending on the severity of the situation.

_____ I UNDERSTAND that even if this animal has been housed with cats in its foster home that ACHS cannot guarantee the behavior with a new cat(s) will be the same. Please use caution when introducing new cats to any existing cats in the household and do the introduction slowly over a period of a few weeks. If you need assistance, please do not hesitate to contact ACHS.

_____ I UNDERSTAND AND AGREE that I am responsible for the safety of each foster cat that comes into my care, as well as the safety of other cats and people that come into contact with my foster cat.

_____ I AGREE to immediately notify ACHS, send "URGENT" email to sheltermanager@adamscountyhumansociety and Tara (608)-339-6700 in the event a foster cat goes missing or is injured.

_____ I UNDERSTAND that if I decide to adopt a foster cat in my care, I must go through the adoption process, including paying the requested donation fee. (Donations are used to help cover costs to save and help additional cats.)

_____ I UNDERSTAND that if I need to return a cat to ACHS care, for any reason, sufficient forewarning is necessary for ACHS to locate a new foster home placement for the cat or make room at the facility. This process may take a week or more, depending on the cat and the number of other cats in foster care and in the care of shelter staff.

_____ I PROMISE to take adequate care of any foster cat in my care by providing nutritious food, plentiful water, and adequate shelter, as well as the control of external parasites (fleas and ticks).

_____ I PROMISE to notify ACHS if any foster cat in my care is in need of veterinary care such as vaccinations, routine testing, refill of heartworm preventive or treatment for illness.

_____ I UNDERSTAND that fostering a cat for ACHS is NOT the same as adopting a cat, and that any foster cat must be made available to prospective adopters referred by ACHS for viewing for possible permanent adoption. If I wish to adopt a fostered cat, I understand I must complete an Adoption Application and be responsible for the donation fee requested at the time of adoption. If I find a prospective adopter for my foster cat I will contact an ACHS staff member and I promise not to give the cat over to anyone until an adoption has been approved and a complete agreement has been signed.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

ACHS REPRESENTATIVE: _____ DATE: _____