

Foster Care Agreement

1. I understand the goals and mission of Fort Collins Cat Rescue & Spay/Neuter Clinic (herein referred to as FCCRSNC) and as a FCCRSNC volunteer, agree to work toward these goals and to represent this mission within the community on behalf of the organization. My commitment includes abiding by FCCRSNC's foster care guidelines, as outlined in the FCCRSNC Foster Program Manual, which I have received.
2. I understand that only FCCRSNC's Foster Coordinator, Shelter Manager, and the Executive Director have the authority to make exceptions/changes to program guidelines.
3. I understand that FCCRSNC is the sole guardian of cats/kittens in foster care and that fostered cats/kittens must be returned to FCCRSNC upon FCCRSNC's request. I understand that FCCRSNC has the right to terminate this foster care agreement and relationship at will.
4. I understand that if I, as a foster volunteer, want to adopt any of my foster cats/kittens, I must go through the standard FCCRSNC adoption process. I also understand that I cannot send any of my foster cats/kittens to an adoptive or potential adoptive home until the cats/kittens has been altered and the adoption process has been completed by a trained FCCRSNC Adoption Counselor. I also understand that expenses for food, litter, scratch posts, etc. cannot be applied toward adoption fees should I adopt the cats/kittens.
5. I understand that foster cats/kittens need to be taken to FCCRSNC for any medical care. FCCRSNC funds all medical care and in the event of a medical emergency after hours or on the weekend, approval is needed by the Foster Coordinator, Foster Mentor, FCCRSNC's on-site Vet or Vet-Tech to take the animal to a FCCRSNC approved veterinary clinic or hospital. I understand that if I choose to take my foster cats/kittens to a non-approved veterinary clinic, or if I take my foster cats/kittens to an emergency veterinary hospital without prior approval, FCCRSNC will not reimburse me for the expenses incurred.
6. I understand there is a possibility of health or injury risk when caring for cats. I also understand that pregnant women and people with suppressed immune systems need to be aware that a parasite sometimes found in feces could cause toxoplasmosis. Special care needs to be taken if such persons plan to come in contact with used litter pans. I will not hold FCCRSNC liable for any injury or illness, whether to the animals or humans in my home, which may result from my foster activities.
7. I understand I will be asked to bring my kittens aged 8 weeks or older to the shelter or an off-site adoption center at least once a week for adoption days. This will only apply while I am actively fostering and have healthy kittens that meet the requirements to be eligible for adoption.
8. I understand if I need to leave town during my foster period, I must have permission from the Foster Coordinator before sending my foster cats/kittens to another approved FCCRSNC foster home.

A-codes of Cats/Kittens

Printed Name of Foster Volunteer

Foster Volunteer Signature

Date

FCCRSNC Representative Signature

Date