



Animal Refuge Center Foster Contract

(PLEASE PRINT CLEARLY) APPLICANT INFORMATION

Name:		Address:	
City, State, Zip:		Email:	
Phone Numbers: CELL:	HOME:	WORK:	
Employer:	DL#:		

HOME INFORMATION

Own Rent	If Renting, are pets allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, provide Landlord's Name and Phone Number or Written Consent	
	Name:	Phone:

MEMBERS OF HOUSEHOLD

PERSON NAME	RELATIONSHIP	AGE	ALLERGY TO ANIMALS?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Pets:

TYPE (Species)	GENDER	FIXED(S/N)	DECLAWED	AGE	SHOTS CURRENT
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOSTER AGREEMENT

INITIAL:

____ 1. I agree to provide a loving caring home for all foster cats/kittens in my care that belong to Animal Refuge Center, Inc. (ARC throughout contract), focusing on basic needs, socializing, and medical care as needed.

____ 2. I agree to provide a high-quality food for all foster cats/kittens in my care that belong to ARC. If I am unable to provide, the Animal Refuge Center has agreed to provide nutritious food for the cats or kittens in my volunteer care.

____ 3. I agree to administer medications as directed for any foster cats/kittens in my care that belong to ARC.

____ 4. I agree to call/text/email ARC immediately regarding any medical concerns I might have for the foster cats/kittens in my care that belong to ARC.

____ 5. I agree to get any foster cats/kittens in need of a medical care to a pre-approved vet in a timely matter.

____ 6. I understand that ARC will cover all vet costs when taken to one of their approved vet offices. If taken to another vet without pre- approval from ARC, I will possibly be held responsible to cover the vetting costs.

____7. I agree to keep my foster cats/kittens separate from my personal pets for a minimum of 10 days. If nursing mom with kittens, they will be kept separate until deemed appropriate by ARC.

____8. I agree that when the foster cats/kittens are ready for their spay/neuter (kittens above 2.5 pounds and 3 months of age), that I will inform ARC so that an appointment can be made.

____9. I agree to get all foster cats/kittens to any/all of their vet appointments on time. If I am unable to do so, I will inform ARC to set up a new time or for help to pick up or drop off at vet.

____10. I agree to get all adoptable foster cats/kittens belonging to ARC to adoption events so they can be seen. If unable to do so, I will make pre-arrangements with ARC.

____11. I agree to not adopt out any cats/kittens belonging to ARC to anyone without approval of ARC first. I understand they are not my own pets, and should someone I know be interested in adoption, I will have them contact ARC for possible adoption. I understand my fostering does not guarantee approved adoption for those interested.

____12. I agree to keep all cats/kittens belonging to ARC inside at all times. If transporting cats/kittens, I agree that they will be safely inside a carrier at all times. No transfer of a cat/kitten between carriers will be done in an open parking lot.

____13. I understand that ARC is not responsible for any injury, damage or harm caused by this animal to any person, animal, or property.

____14. I understand that if I am unable to keep my foster cats/kittens for the agreed-upon time frame, that I will inform ARC immediately and will give at least a week notice for new foster to be found.

____15. I agree that I will not dump any foster cats/kittens belonging to ARC at any other shelter or rescue for any reason, nor will I give them to anyone else without permission.

____16. I agree to let ARC know of any/all of phone number changes or address changes I might have while I am fostering a cat/kitten in their program.

Name (printed) Date

Signature (if electronic, my typed name is considered legal and binding)

ARC Representative Date

CONTACTS:

Laura Blake: 270-304-9224 Foster Coordinator (Primary contact)

Penny Edwards: (270) 319-2838 (Secondary contact) (Emergency contact for vetting approval for all areas)

EMAIL: animal_refugectr@hotmail.com | <https://www.facebook.com/animalrefugecenterky>
<http://animalrefugecenter.org>