



# CABOT

## ANIMAL SUPPORT SERVICES

### Foster Program Agreement

\_\_\_\_\_ I **understand** that any animal(s) I foster is/are the property of CASS and I agree to turn it/them over to CASS immediately upon request.

\_\_\_\_\_ I **commit** to fostering Foster Until Adoption pets for at least **two weeks** to allow time for decompression.

\_\_\_\_\_ I understand that fosters can only be watched by other approved fosters. If I need to go out of town, I will post on the Facebook page looking for a foster sitter at least one week ahead of time. If one is not found, I will contact the foster team at foster@cabotar.gov.

\_\_\_\_\_ I **will not** hand off a foster to a potential adopter or let them take a foster on a trial basis.

\_\_\_\_\_ I will not let a foster off leash outside of my home or fenced in yard

\_\_\_\_\_ I will not take my foster dog to the dog park.

\_\_\_\_\_ I **will** actively participate in marketing each foster and be responsive and courteous towards each potential adopter pursuant to the adoption process protocol. In addition, I will provide marking information to our foster team through pictures and videos by emailing them to Lauren at Lauren.Johnson@cabotar.gov

\_\_\_\_\_ I **will** respond to adoption inquiries within **24 hours** and I will set up Meet and Greets with potential adopters within **5 days** of their inquiry.

\_\_\_\_\_ I **confirm** that I am willingly offering to foster and that I do not expect any good or services in return, including an adoption fee reduction or waiver should I decide to adopt my foster dog.

\_\_\_\_\_ I **understand** the possibility of my children or others being bitten, scratched, or contracting disease does exist. I agree to be responsible for my children and anyone else handling any animal(s) fostered by me in a safe and hygienic manner, and will not hold CASS responsible for any injuries that may result from my failure to do so. **I AGREE TO NOTIFY A CASS REPRESENTATIVE IMMEDIATELY OF ANY BITES THAT BREAK THE SKIN** (501)843-2021) that occur to any person or animal while any foster animal is in my care.

\_\_\_\_\_ I **will** immediately report any behavioral issue to the foster team at rchosich@cabotar.gov.

\_\_\_\_\_ I **will** immediately notify the foster on call at (501)743-2849 if my foster gets loose or is lost.

\_\_\_\_\_ I **agree** that animals will not be kept outside.

\_\_\_\_\_ I **understand** that CASS is not responsible for any injury or damage that a foster may cause me or my property.

**Medical Care Acknowledgements:**

Cabot Animal Support Services is committed to ensuring that their dogs get the care they need to transition to their forever home. Our dogs come from all over Cabot, which makes it impossible to know for sure if they have been in contact with a contagious disease. To clarify your understanding of this potential risk in any shelter animal and our medical care expectation while you foster, please read and acknowledge the statements below:

\_\_\_\_\_ I **will not** take in a foster unless my resident animals are fully vaccinated.

\_\_\_\_\_ I **understand** that although any pet I foster has been/will be medically examined and vaccinated, it is possible they may still be carrying a disease from a previous shelter or may have an underlying medical issue not initially identified on intake.

\_\_\_\_\_ I **understand** that Cabot Animal Support Services has extensive expertise in treating shelter populations and in the kind of contagious diseases that affect shelter populations. I will respect and defer to the medical team's decisions regarding the care of a foster.

\_\_\_\_\_ I **agree** to bring any animal(s) fostered by me to the shelter for exams, vaccinations, weight checks, or other reasons deemed necessary by CASS at a mutually agreed upon date and/or time.

\_\_\_\_\_ I **will** notify the foster team if my foster shows any signs of minor illness or injury at [foster@cabotar.gov](mailto:foster@cabotar.gov)

\_\_\_\_\_ I **will** notify the foster team **immediately** if a foster animal is showing any sign of serious illness or injury by calling (501)843-2021 during the hours of 8-11, 12-5 M-F or calling (501)743-2849 outside of office hours.

\_\_\_\_\_ I **understand** that Cabot Animal Support Services provides all medical care for our animals. I will not take a foster to the vet unless specifically told to do so.

By signing below, I am agreeing to all of the expectations that the foster team has set forth. I understand that I am still responsible for carefully reading the Dog Foster or Cat Foster Handbook in Unit 1 or the Foster Facebook page and any other material that the foster team provides to me and abiding by the policies set forth in these materials.

Foster Team Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Foster's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_