

# KITTY ANGEL TEAM ADOPTION AGREEMENT FOR FOSTER CARE PROVIDER



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own \_\_\_\_\_ or rent \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If children living in your household, what are their ages: \_\_\_\_\_

Do you currently have pets?: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of: Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Are they current on rabies vaccination(s)?: Yes \_\_\_\_\_ No \_\_\_\_\_

Where will your foster cats or kittens be housed? \_\_\_\_\_

How long will you be able to foster an animal or litter? \_\_\_\_\_

Initial \_\_\_\_\_

\_\_\_\_\_ I agree that my services as a Foster Care Provider are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from Kitty Angel Team Adoption for my foster care of cats or kittens.

\_\_\_\_\_ I agree to provide foster care in strict compliance with the policies and procedures of Kitty Angel Team Adoption. This includes but is not limited to:

- A. Providing adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.
- B. Monitoring the animal(s) and providing proper care & socialization to increase their possibility for adoption.
- C. Calling, texting or emailing the Foster Care Coordinator at least once a week to advise on progress.
- D. Notifying the Foster Care Coordinator within 24 hours of any major change in the fostered cats or kittens health or animal being lost or escaping from home, even if temporary.
- E. Notify the Foster Care Coordinator before seeking any medical care for the foster cats or kittens except in the case of a medical emergency.
- E. Agree to represent yourself professionally. Keep KATA business private.
- F. Agree to return foster cats or kittens when requested.
- G. Notify Foster Care Coordinator as soon as possible if you need to turn in the foster cats or kittens early.

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Initial

\_\_\_\_\_ I understand no reimbursement will be given to me regarding any expenditure which I incur for the care and treatment of the foster animal(s) except when prior approval has been given (including, but not limited to, food, litter, basic supplies)

\_\_\_\_\_ I understand if a fostered animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering other cats or kittens of the same species for a specific length of time as deemed suitable by Kitty Angel Team Adoption

\_\_\_\_\_ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case Kitty Angel Team Adoption shall take immediate possession of the fostered animal(s).

## Indemnity

Initial

\_\_\_\_\_ I agree to release, discharge, indemnify and hold harmless Kitty Angel Team Adoption, including its agents and employees, for any and all personal injuries or damages to property or pets caused by the foster animal(s).

\_\_\_\_\_ I recognize that in handling foster animal(s) there exists a risk of injury or illness, including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless Kitty Angel Team Adoption, its agents, volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

\_\_\_\_\_ I understand that public relations are an important part of volunteering in the foster care program. I agree on behalf of myself, my heirs, personal representatives and executors to allow Kitty Angel Team Adoption to use any photographs taken of me for use of public relations efforts. KATA will use reasonable efforts to notify me but such notification is not a condition of its release for public relations purposes.

\_\_\_\_\_ I understand that I may refuse to be photographed, and that such refusal shall not change my status as a Kitty Angel Team Adoption Foster Care Provider.

**I have received, read, and understand the Foster Care Handbook provided by Kitty Angel Team Adoption.**

Foster Care Provider Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Foster Care Coordinator Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_