

West Milford Animal Shelter Society, Inc.
PO Box 72 – Lycosky Drive
West Milford, NJ 07480 tel. (973)728-2859

FELINE FOSTER HOME AGREEMENT & APPLICATION

After completion, please mail or deliver to address listed above. You will be notified after your application/agreement is received and reviewed. Please be patient.

PERSONAL PROFILE

Name: _____ Home Phone: _____

Address: _____

E-mail address: _____ Birth date (optional) __/__/__

Age Group (circle one) 16-17 18-40 41-60 over 60

Employer: _____ Work Phone: _____

Occupation: _____ Work Hours: _____

Do you have health insurance? _____

Are you acquainted with a past or present WMASS volunteer?

Name: _____ Relationship: _____

How did you hear about our Foster Program? _____

Please tell us briefly why you want to become a Foster Home. _____

Are you currently involved with any other animal welfare organization? How do you participate?

Have you or are you currently fostering for another organization? (circle one) Yes No

What pets do you have now? _____ Are they spayed/neutered? _____

Are you able to isolate the foster animal from your other animals: (circle one) Yes No

Where would the cats/kittens be kept: _____

Are you willing to take in bottle feeding kittens: (circle one) Yes No

Are you willing to take shy/feral kittens to be socialized: (circle one) Yes No

**Please be advised that the following are some of the diseases that could be contracted from handling the various animals that come into the shelter. Following all shelter handling and cleaning policies is imperative in disease control.

Bartonellosis	Brucellosis
Bubonic Plague	Campylobacteriosis
Cryptosporidiosis	External Parasite Infections
Giardiasis	Leptospirosis
Lyme disease	Nematode Infection
Pateurellosis	Rabies
Salmonellosis	Toxoplasmosis
Ringworm	

**Additional information will be provided at orientation

A home inspection will be scheduled prior to fostering to ensure the safety of kittens.

WMASS Foster Care Program

The foster parent takes on additional responsibilities for the nurturing and care of a shelter animal. Foster care entails bringing the shelter animal to the foster home. These foster animals generally have special needs, either due to age, health status, or personality.

The foster volunteer must first be approved by the Health Officer as an acceptable foster parent. Furthermore, the foster volunteer must be willing to sign and agree to the conditions listed below. Failure to adhere to this contract may result in the forfeiture of foster care privileges. Individual animals requiring foster care will then be placed in the most appropriate, available foster home as determined by the Health Officer.

WMASS Foster Care Contract

- The foster home certifies that owned pets are vaccinated and tested negative for FeLV /FIV (cats).
- All rules followed by volunteers at the shelter apply to the foster animals (animals are WMASS property).
- The animal is to be kept safe and properly contained indoors in a small area (such as a bathroom).
- During transportation, the animal will be kept in a crate or a carrier.
- The foster home shall keep the Health Officer current on the status of fostered animal(s).
- If medical problems arise, or treatment of any kind is necessary, the foster home will contact the Health Officer before obtaining medical assistance or beginning medical treatment.
- Unless it is a matter of life or death, the foster home will NOT seek veterinary medical attention until after receiving approval from the Health Officer. If the Health Officer is not available, the President (followed by the Operations Director) will be contacted before proceeding with any medical/vet care.
- All such approved veterinary care is to be provided by the shelter's supervisory veterinarian (Ringwood Animal Hospital) unless otherwise authorized by the Health Officer.
- The animal will remain in foster care until the termination of said care is approved by the Health Officer. If an earlier release is needed by the foster home, arrangements will be made with the Health Officer to transfer the animal back to the shelter facility or to another approved foster home.
- Under no circumstances will the animal be adopted until approval is received from the Health Officer.
- The foster home will take any and all proper precautions to ensure the safety, health, and well-being of any human or animal residents or visitors of the foster home.
- All appropriate information will be noted by the volunteer on the back of this foster form.

The foster home understands that there are risks to the safety, health, and well-being of the volunteer, family members, and owned pets. Bites can occur, and disease transmission to either the volunteer, family members, or owned pets can also occur. There is always the possibility of exposure to a variety of canine or feline diseases, as well as mites, intestinal parasites, ringworm, or mange, to name just a few. Efforts must be made by the volunteer to avoid these problems. However, there is no way to guarantee against any health or safety issues.

The foster home will not hold the WMASS or its volunteers responsible or liable for any injuries, medical problems, or associated costs resulting from the fostering of any WMASS animals, whether they occur to the volunteer, family members, pets, or anyone else coming in contact with said animal(s). The WMASS shall be responsible only for any food, supplies, or medical costs required during the foster care of an animal provided said expenses have been approved in advance by the Health Officer.

Volunteer Name: _____

Signed
& Agreed: _____

Telephone # : _____

Date : _____

