

Foster Home Guidelines, Policies, and Release of Liability

By signing this document, I, _____ acknowledge I have read, understand, and will adhere to the following as a FOSTER CARE PROVIDER:

I understand that as a FOSTER CARE PROVIDER, I am responsible for the general well being of the foster animal(s) within my care and agree to have adequate food, water, and shelter from potential dangers and the elements available to the animal(s) within my care.

I understand that the general expenses, such as food, treats, bedding, litter, etc, are my responsibility and that WHITE OAKS ADOPTABLE KITTENS will provide donated items and/or resources, only when available.

I understand that if at any time I am no longer able to care for the animal(s) WHITE OAKS ADOPTABLE KITTENS has entrusted me with, I am to contact them immediately to arrange new placement. I understand that I cannot move the animal(s) into a new home without the authorization of a WHITE OAKS ADOPTABLE KITTENS representative.

I understand that WHITE OAKS ADOPTABLE KITTENS is the designated veterinarian for the animal(s) I am fostering. I understand that if I have a health concern regarding an animal I am fostering, I am to contact a WHITE OAKS ADOPTABLE KITTENS representative for further instruction, and I agree to follow those instructions as they are given to me.

I agree to provide or assist in transportation to WHITE OAKS ADOPTABLE KITTENS for any required medical care. If I choose to have the animal(s) I am fostering seen by a veterinarian without permission from WHITE OAKS ADOPTABLE KITTENS, I understand that I may be responsible for the majority of that bill.

I attest that all residents in my home are in support of becoming a foster home and that all my personal pets are up to date on all legally required vaccinations. I understand that WHITE OAKS ADOPTABLE KITTENS is not responsible for any damages done to my home, property, person, other persons, and/or other animals by the animal(s) I am fostering.

I agree to provide photos of the foster animal(s) within my care, voluntarily or upon request, to WHITE OAKS ADOPTABLE KITTENS. I understand that any potential adopter MUST be screened and approved by WHITE OAKS ADOPTABLE KITTENS.

Foster Care Provider's Signature *Date*

White Oaks Representative's Signature *Date*