



Camden County Animal Shelter  
Animal Welfare Society of Camden County  
P.O. Box 475 • 125 Barnsboro Road • Blackwood, NJ 08012  
Phone: 1-856-401-1300 • Fax: 1-856-401-1309  
www.ccasnj.org • info@ccasnj.org



## FOSTER AGREEMENT

### PLEASE REVIEW THE FOLLOWING AND SIGN AT THE BOTTOM

- ✓ I understand there is always an adjustment period for any foster animal coming into my home. There is no specific time limit for an animal to be in foster care and I am willing to work to make this foster a member of my family during his/her stay. I understand that many of these animals have survived tremendous odds and need lots of TLC. I understand that CCAS cannot be held responsible for the actions, behaviors, and/or medical conditions of all the animals in its rescue. I agree to assume the risks implicit in working with animals who may have been abandoned, beaten, mistreated, abused, or who may suffer from an illness or disease. Although CCAS evaluates animals prior to fostering them out, CCAS cannot guarantee the temperament of any of the animals since most of their histories are unknown.
- ✓ I understand that I will receive an orientation and an orientation packet from a member of the foster team that outlines CCAS's fostering policies. I agree to read through this packet in its entirety and to abide by all of its policies.
- ✓ I understand my foster cat is to live indoors at all times, and/or my foster dog is to live indoors and while temporarily outside, be on a leash or in an enclosed yard.
- ✓ I understand that CCAS reserves the right to check on the welfare of any foster animal in my care and to reclaim the animal back into the care of CCAS without payment of any kind. At any time I can be asked to return the animal to CCAS and I must comply. I understand that at no time during foster care do I own the animal, that I am a temporary caregiver with the intent of providing the animal with all of his/her physical, emotional and mental needs. In the event that I do not comply with the foster guidelines and CCAS must enter my premise to reclaim any foster animal from me, I waive any claim to trespassers.
- ✓ I understand that CCAS must approve all adoption applications, so I will not promise anyone they can adopt my foster animal. Of course, CCAS will be happy to receive adoption recommendations and referrals from me. I understand that all adoptions MUST take place at CCAS, with no exceptions.
- ✓ I understand that if veterinary care is necessary for my foster animal, I will contact the shelter as soon as possible. I understand that CCAS will not be responsible for any medical expenses that occur while the animal is in my care that have not been approved through the shelter. For all foster questions or emergencies, I can contact the shelter at 856-401-1300 during normal business hours. For after hour emergencies, I can contact 856-325-7535 or a member of the foster team for such approval.
- ✓ I understand that Camden County Animal Shelter will not supply food or other supplies for my foster dog or cat.
- ✓ I understand the risks and possible financial burdens associated with fostering an animal, and I agree that if at any time in the future, I cannot continue on in the foster program for any reason, I will not give away, sell, or euthanize the foster animal. I will contact the shelter immediately and return the foster animal to CCAS, without receiving a payment of any kind for expenses associated with having the foster animal in my care.
- ✓ I agree that if at any time in the future, I will be away and need a temporary caregiver for my foster animal, I will not place the animal in anyone's care who has not been approved as a foster parent for this specific foster animal by the CCAS foster team.

I acknowledge that I have received a copy of this Camden County Animal Shelter Foster Agreement, I have thoroughly read through it, and I understand all of my rights and obligations to CCAS and the animal(s) that I am fostering. I declare that I have accurately completed a foster application, and that if any of the information given on my application is discovered to be inaccurate to the best of my knowledge, I must immediately return my foster animal(s) to the care of CCAS.

Foster's Name (Please Print) \_\_\_\_\_

Foster's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dog/Cat Name \_\_\_\_\_ Dog/Cat Case # \_\_\_\_\_ CCAS Rep \_\_\_\_\_