

23 Brandt Lane Bloomingdale, NJ 07403 **973-838-2220**

Foster Agreement / Contract

The Bloomingdale Regional Animal Shelter Society, herein referred to as B.A.S.S., recognizes and appreciates your compassion for animals and your desire to participate as a foster volunteer or foster family. By definition, foster care is a temporary placement of any animal(s) that is/are the property of B.A.S.S. in a home situation in order to receive special or individual care that cannot be attended to during regular shelter hours. As such, there are certain guidelines and policies established by B.A.S.S. that must be agreed to before a foster placement can be made. It is important that each guideline or policy be fully complied with in order to remain a foster volunteer or foster family.

Please read this agreement/contract carefully and initial each guideline or policy in the box next to each statement.

- 1. I have submitted a volunteer application including a signed waiver and have been approved as a foster volunteer by B.A.S.S.
- 2. I have disclosed all animal companions that are in my household and given proof of current vaccinations where applicable. See statement 10 (ten) for details.
- 3. I agree to notify B.A.S.S. before acquiring a new companion animal, if currently fostering a B.A.S.S. animal, so that B.A.S.S. can determine whether fostering should be continued.
- 4. All necessary food, medicine, and supplies will be furnished by B.A.S.S. I agree that any additional food, medicine, cage, or toy item be approved by B.A.S.S. before purchasing. I fully understand that if not approved by B.A.S.S., I will not be reimbursed for these expenses.
- 5. I agree that all veterinarian visits are to be scheduled through B.A.S.S., and only B.A.S.S. veterinarians are to be used. If an emergency vet visit is needed, I understand that the appointment must be approved by a B.A.S.S. representative or the expense will not be reimbursed.
- 6. I agree and understand that any B.A.S.S. foster animal(s) that are under my care remain the property of B.A.S.S. regardless of the duration of the foster. I cannot keep or adopt to another party any foster animal in my care. In the event that I do wish to adopt one or more of the B.A.S.S. animals that I am fostering, I understand that I will need to apply through the normal adoption procedures of B.A.S.S. Adoption donation may apply.
- 7. If any person(s) show an interest in adopting a B.A.S.S. animal I am fostering, I understand that it is that person(s) responsibility to contact a B.A.S.S. adoption counselor to express their interest and they must apply for adoption through the normal adoption procedures of B.A.S.S.





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- 8. If, for any reason, B.A.S.S. requests the fostered animal(s) be returned I agree to do so without question.
- 9. I have never been accused of or convicted of animal cruelty or mistreatment of an animal in the State of New Jersey or any other state.
- 10. The following animals are cared for at the same address as the B.A.S.S. foster animal(s).

| ANIMAL I | | |
|--|---|-----------|
| Type of animal: | Approximate age: | |
| Gender: Spayed/Neuterer | d: 🗌 Yes 🗌 No | |
| Will this animal have access to the same area | as the foster(s): \Box Yes \Box No | |
| If this animal is a dog, the approximate size is | \therefore under 10 lbs \square 11–25 lbs | 26–50 lbs |
| | \Box 51–90 lbs \Box over 90 lbs | |
| ANIMAL 2 | | |
| Type of animal: | Approximate age: | |
| Type of animal: Gender: Spayed/Neutered | d: 🗌 Yes 🗌 No | |
| Will this animal have access to the same area | | |
| If this animal is a dog, the approximate size is | \therefore under 10 lbs \square 11–25 lbs | 26–50 lbs |
| | \Box 51–90 lbs \Box over 90 lbs | |
| ANIMAL 3 | | |
| Type of animal: | Approximate age: | |
| Gender: Spayed/Neutered | | |
| Will this animal have access to the same area | | |
| If this animal is a dog, the approximate size is | \therefore under 10 lbs \square 11–25 lbs | 26–50 lbs |
| | \Box 51–90 lbs \Box over 90 lbs | |
| ANIMAL 4 | | |
| Type of animal: | Approximate age: | |
| Gender: Spayed/Neutered | d: 🗌 Yes 🗌 No | |
| Will this animal have access to the same area | as the foster(s): Yes No | |
| If this animal is a dog, the approximate size is | \therefore under 10 lbs \square 11–25 lbs | 26–50 lbs |
| | \Box 51–90 lbs \Box over 90 lbs | |
| ANIMAL 5 | | |
| Type of animal: | Approximate age: | |
| Gender: Spayed/Neutered | d: 🗌 Yes 🗌 No | |
| Will this animal have access to the same area | as the foster(s): Yes No | |
| If this animal is a dog, the approximate size is | \therefore under 10 lbs \square 11–25 lbs | 26–50 lbs |
| | \Box 51–90 lbs \Box over 90 lbs | |



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I hereby disclose the following information regarding the housing I will provide for the foster animal(s) for B.A.S.S. staff use.

The foster animal(s) will be cared for at the following address:

| Street address: | |
|-----------------|---------------|
| City: | _ State: Zip: |
| Home tel.: | Cell: |
| | |

I am the owner of the property at the address provided above.

I rent at the address provided above and have permission of my landlord to house the animal(s) at this address.

Having read and agreed to the guidelines in this contract. I understand and agree to comply with all B.A.S.S. policies as a foster volunteer or foster family and that non-compliance with any of the above guidelines will result in the immediate return of any foster animal(s) in my care.

Signature

Date of initial agreement



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| imal released to foster | r care. | |
|--|---|--|
| ANIMAL 1 | i care. | |
| | Type of animal: | Approximate age: |
| | | Spayed/Neutered: Yes No |
| | red special needs (medications, care, ha | |
| | • • • • • • | |
| | | |
| ANIMAL 2 | | |
| | Type of animal: | Approximate age: |
| | | Spayed/Neutered: Yes No |
| | red special needs (medications, care, ha | |
| Does this animal requir | | |
| - | - | |
| - | - | |
| Brief explanation of sp ANIMAL 3 | ecial care: | |
| Brief explanation of sp ANIMAL 3 Date: | ecial care: | |
| Brief explanation of sp ANIMAL 3 Date: Name/ID: | ecial care: | Approximate age: Spayed/Neutered: Yes No |
| Brief explanation of sp ANIMAL 3 Date: Name/ID: Does this animal require | ecial care: Type of animal: Gender: red special needs (medications, care, ha | Approximate age: Spayed/Neutered: Yes No |
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| Brief explanation of sp ANIMAL 3 Date: Name/ID: Does this animal requir Brief explanation of sp ANIMAL 4 Date: Name/ID: | ecial care: Type of animal: Gender: red special needs (medications, care, ha ecial care: | Approximate age: Spayed/Neutered: Yes No andling): Yes No Approximate age: Spayed/Neutered: Yes No |
| Brief explanation of sp ANIMAL 3 Date: Name/ID: Does this animal requir Brief explanation of sp ANIMAL 4 Date: Name/ID: Does this animal requir | ecial care: Type of animal: Gender: red special needs (medications, care, ha ecial care: Type of animal: Gender: | Approximate age: Spayed/Neutered: |