

Madison County ANIMAL SERVICES

Thank you for your interest in becoming a foster parent for MCAS. Please complete this profile in its entirety. The information you provide on this profile will enable us to find you the most compatible animals to ensure your foster experience is both enjoyable and rewarding.

Foster Care Profile

personal information

Name: _____ Date: ____/____/____

Address: _____
Street Address (include apt #) City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ DOB: ____/____/____

Preferred Method of Contact: Email Home Phone Work Phone Cell Phone

Driver's License #: _____ Spouse's Name: _____

foster information

What type of animals are you interested in fostering? (Check all that apply.)

Dogs-Small Dogs-Medium Dogs-Large Cats Kittens Puppies
 Nursing Mothers Small Mammals Livestock Sick Special Needs (including bottle feeding, etc.)

How long can you keep a foster? _____

Describe any interests or experience that would help us match you with the right animals?

Desired energy level of foster animals: Low Energy Medium Energy High Energy

Phone **828.649.3190**

epayne@madisoncountync.gov

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Foster Care Profile

Do you have a fenced yard? _____ Where will your foster sleep? _____

(A fence is **NOT** required to foster.)

On average, how long will your foster spend alone daily? _____

Where will your foster stay when you're not at home? _____

my human family

Please list the names, ages, and your relationship to any people who live in your home.

Name: _____ Age: _____ Relationship: _____

my animal family

Please list the names, ages and species of all the pets currently living in your home.

Name: _____ Age: _____ Species: _____

Are there any times of year you will not be able to foster?

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Madison County ANIMAL SERVICES

Confidentiality & Unethical Behavior Agreement

In consideration of this opportunity to foster, I agree to the following terms and conditions, intending to be legally bound by them—
All information concerning animals, clients, staff, financial data, business records and employees is confidential. No information about donors, patrons, volunteers, or other foster parents may be released without specific authorization. Failure to maintain confidentiality may result in termination of the foster parent's relationship with Madison County Animal Services. Violations of this policy may also result in personal liability.

An MCAS foster parent, acting in an official capacity, shall not take any action that would result in the foster parent's financial benefit or the benefit of their immediate family members. Foster parents will not ask for or receive for themselves or for a member of their household, directly or indirectly, any monies or gifts from the community. Any potential conflict of interest should be disclosed. It will not preclude foster service if it is declared appropriately.

Foster parents are subject to immediate dismissal if they engage in any activity which might be construed as sexual harassment, or use MCAS's name, equipment or materials for any illegal or unethical purposes. Any foster parent who observes another foster parent engaged in unethical or illegal activity should immediately report the activity to the MCAS Director. The confidentiality of the reporting unethical or illegal activity will be protected.

All media inquiries are to be referred to Angela Davis. These include inquiries about public complaints/incidents, as well as routine matters such as requests for interviews, response to press release information, or special events.

Our animals are evaluated by age, health and temperament. Animals deemed adoptable according to these criteria are available for fostering and adoption. Sadly, some of our animals become too ill or develop severe behavior issues; in those cases, the animal must be humanely euthanized so that other homeless animals may have the opportunity. Since euthanasia is a possible outcome for any animal in the shelter and it is unquestionably the hardest part of the staff's job, we require all inquiries about an animal's outcome be directed to Angela Davis.

waiver & release

I understand that the handling of animals and other Foster activities on behalf of Madison County Animal Services may place me in a hazardous situation and could result in injury to me or my personal property. I release MCAS from liability of any nature, whether or not the basis of such liability is presently known to either party. It is understood by the parties to this agreement that I/we will not bring suit or any claims against MCAS employees or pet owners. This agreement shall be binding on all parties, their heirs, and assigns.

Understanding public relations is an important part of a Foster Parent's activities on behalf of MCAS. I hereby authorize MCAS to use any photographs of me in its possession for public relations purposes. I ask that MCAS use reasonable efforts to give me advance notice, but such notification is not a condition to release photographs for public relations purposes.

I hereby agree to accept a position as a foster parent for MCAS, and in so doing, I agree to comply with all of the rules and I understand that failure to do so may result in my immediate termination as a foster parent.

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Foster Care Agreement

Madison County Animal Services is dedicated to promoting the compassionate treatment of animals in our community through education, fostering and adoption.

1. I agree that the animal(s) I care for legally belongs to Madison County Animal Services.
2. I agree to return the animal(s) to Madison County Animal Services if the shelter requests, or if I am no longer able to care for the animal.
3. I agree to provide the animal(s) I am fostering with good and loving care, including adequate food and water, shelter from the elements, daily exercise, and medication or veterinary care as directed by MCAS.
4. I will notify MCAS in the event that a change occurs in my address, telephone number, or the health of the animal.
5. I will allow MCAS to inspect the area where I intend to keep the animal(s). This is to determine that the area is suitable for the care of the animal(s).
6. I understand and acknowledge that I do not have any right or authority to keep the foster animal(s) or place foster animal(s) with other individuals unless permission is given by MCAS.
7. I understand that I can not take the animal(s) out of town unless directed by MCAS.
8. I understand and agree that if the animal(s) need extensive medical treatment, MCAS may request immediate return of the animal(s) and may euthanize the animal(s) after consultation of our veterinarian.
9. I understand that if I bring my foster animal(s) to a veterinarian without authorization, I will be held responsible for all costs.
10. I agree to bring the animal(s) into the shelter at prearranged intervals for health checks and periodic vaccinations and/or de-wormings.
11. I will not allow the animal(s) to run at large.
12. I agree to keep the cat(s) indoors at all times.
13. I agree to always transport the cat(s) in a carrier and dog(s) on a leash.
14. I agree to keep MCAS identification on the adult animal(s) at all times.
15. I will not take the dog(s) to an off leash dog park and allow the dog(s) to run loose.
16. I understand that the animal(s) I am fostering may not be altered. I agree to maintain an awareness of that and act responsibly and take the necessary precautions.
17. I understand that once the animal is considered available for adoption I may apply prior to MCAS accepting outside adoption applications; after that time I may lose the opportunity to adopt the animal.
18. I agree to defend, indemnify, and hold MCAS harmless from any direct or remote and consequential damages which may result from this foster care arrangement.

By signing below, I hereby accept a position as a Foster Parent for Madison County Animal Services, upon the above terms, conditions and understandings:

Foster Parent's Signature

Date

MCAS Representative (was "Witness")

Date

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