Foster Agreement

Please be sure you make a copy of the completed form to leave with the Foster.

I willingly volunteer to care for kittens/cats for Tampabay Cat Alliance, Incorporated.

I understand that this cat(s) is temporarily in my care and belongs to the Tampabay Cat Alliance, Incorporated.

I understand that the purpose of this foster relationship is to provide socialization and loving care for this cat(s) and that I will be responsible for providing food and litter. Whenever possible, Tampabay Cat Alliance, Inc. will help with supplies.

I understand that this cat(s) must be kept indoors at all times.

I understand that if the cat(s) becomes ill, I will notify Tampabay Cat Alliance, Inc. immediately. Tampabay Cat Alliance, Inc. will not be responsible for unauthorized veterinary visits.

I understand that rescued cats can be unpredictable. I understand that cats in my care may bite, scratch, or otherwise injure people or property. I understand and assume full responsibility for any injury which may occur from any cat that I am responsible for. I understand that Tampabay Cat Alliance, Inc. is not liable for any injuries, damages, losses, and/or medical expenses incurred by me, any family member, or any visitor to my home in connection with my fostering of cat(s) for Tampabay Cat Alliance, Incorporated.

I understand that I may not acquire any additional kittens/cats for fostering without prior authorization. Tampabay Cat Alliance, Inc. will not be responsible for medical expenses for any unauthorized kittens/cats.

If circumstances develop where I am unable to give the needed care to the foster cat(s), I understand I will return the cat(s) to Tampabay Cat Alliance, Inc.

I understand that when the cat(s) is ready for adoption, Tampabay Cat Alliance, Inc. will transport it to its adoption site. I also understand that all adoptions will be made through Tampabay Cat Alliance, Inc. using the appropriate adoption procedures.

Date: _____ Cat(s) Name to be Fostered _____

Foster's Printed Name: _____ Foster's Signature _____

Foster's Address: _____

Foster's Email _____

Foster's Phone# _____ Foster's Cell# _____

BCA Member's Name _____