

Cedar Bend Humane Society
OFFICE CAT Foster Policies & Procedures

By signing and submitting this application, the individual agrees to accept and abide by the following Office Cat Foster Home Policies & Procedures

Compensation. Foster services are provided strictly on a volunteer basis. No pay benefits or compensation will be paid by CBHS.

General Care. The Foster Parent must agree to accept personal responsibility for the humane and loving care of shelter animal(s) during their stay in the office. This includes, but is not limited to, adequate shelter, food, water, litter, litter box, exercise, general health care, and companionship.

Veterinary Care. Arrangements are to be made by CBHS for all required routine and emergency medical care. Foster Parents must get prior authorization for veterinary care for their foster animals. If not authorized, any such expenses are the responsibility of the Foster Parent.

Damage / Injury. CBHS is not responsible for any damages or injuries inflicted by the foster animal to any property, persons, or animals during its stay in the foster office.

Applicable Laws. The Foster Parent must adhere to all leash laws, other applicable laws, and city ordinances regarding the number of animals over five months of age that may live with the Foster Parent. The office cat will not change locations, will not be allowed outside, and will be crated when transported.

Inspection. Agents of CBHS will be allowed to inspect the premises where the animal is or will be maintained.

Ownership. Fostered animals remain the property of CBHS and may not be sold, traded, given away, or adopted out by a Foster Parent.

Designated Foster Period. If animal(s) are placed in foster care for a designated period of time, the animal(s) will be returned to CBHS at the end of that period or earlier at CBHS request.

Undesignated Foster Period. If animal(s) are placed in foster care for an undesignated period of time and are considered by CBHS to be available for adoption, the Foster Parent will cooperate with CBHS in the showing of the animal(s) to prospective adopters provided that such requests are reasonable.

Adoption. Foster Parents may refer individuals as prospective adopters of fostered animal(s) to CBHS. While the recommendations of the Foster Parent shall be given every consideration, the final decision about an appropriate adoptive home is made by and through CBHS.

Disposition. The purpose of placing animals in foster homes is to give them a chance at life that they might not have had. However, the disposition of the animal(s) in foster care remains the responsibility and is at the sole discretion of CBHS. CBHS can terminate foster agreement and retrieve the office cat at any time if necessary.

Returning the Cat. If the foster does not workout, for any reason, Cedar Bend Humane Society will bring the cat back to the shelter.

Cedar Bend Humane Society
OFFICE CAT Foster Parent Application

Thank you for your willingness to join us in our efforts to protect the welfare of animals in our community! The purpose of our Office Cat Foster Program is to enrich the quality of care for our shelter animals and to place them into loving, forever homes. This program also provides additional room at the shelter, allowing CBHS to save more lives.

Primary Contact: _____

Business: _____

Address: _____ City: _____ Zip: _____

Phone # _____ Email: _____

Alternate Contact: _____

Business: _____

Address: _____ City: _____ Zip: _____

Phone # _____ Email: _____

Do you have any area in your office you can isolate an animal if necessary? _____ Yes _____ No

Please describe _____

Are all other office animals on required vaccinations? _____

Are all office animals spayed / neutered? _____ Yes _____ No If not, why? _____

How many hours do you feel you could spend daily caring for your foster animal? _____

How would you be willing to promote/help get your office cat adopted? _____

How many hours would the fostered animal(s) be alone? _____

How long would you be willing to foster an animal? _____ Long-term _____ Short-term

Are you willing to administer medicines (pills or liquid) if needed? _____ Yes _____ No

What would the foster care arrangements be when the office is closed? _____

Please read through your application and make sure everything is correct.

By signing below, you are agreeing to the terms listed in the POLICIES & PROCEDURES sheet, and the above.

Signature: _____

Printed name: _____ Date: _____

Current and valid photo ID: _____ Yes

CBHS Employee Signature: _____ Date: _____

Please mail to the address listed below or email to CedarBendAdoptionCounselor@gmail.com
P.E.T.S. Place. Educate. Teach. Shelter. CBHS is passionate to: Place animals in life-long, loving homes.
Educate on the issues of humane care. Teach responsible pet ownership.
Shelter the stray, neglected, and unwanted.

1166 West Airline Highway, Waterloo, IA 50703-9634 PH: 319-232-6887 Fax: 319-235-2597

www.CedarBendHumane.org

Thank you for participating in the Cedar Bend Humane Society Office Cat Program.

You are a life-saver!

Accident Waiver and release of liability form.

I hereby assume all of the risks of participating in the Cedar Bend Humane Society (CBHS) Office Cat program, including any risks that may arise from negligence or carelessness on the part of the persons or entities being released.

I understand that the behavior of animals may be unpredictable and some animals are capable of inflicting property damage, and personal injury.

I am aware of the risks of handling animals, that there may be a risk of injury, being bitten, scratched, and /or otherwise injured.

I waive, release, and discharge from any and all liability the following entities or person: Cedar Bend Humane Society and/or their directors, officers, board of directors, employees, and volunteers. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the CBHS Office Cat program whether caused by the negligence of release or otherwise.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____

Printed name: _____

Date: _____