

# BCAS FOSTER APPLICATION



**Public Health**  
Prevent. Promote. Protect.



Foster Parents are needed to join with the Burlington County Animal Shelter in order to alleviate overcrowding and to provide placement for animals whose current condition is not manageable in a shelter setting. Animals placed with Foster Parents will be vaccinated with age-appropriate vaccinations; additional medical services. Every foster animal will need to be spayed / neutered and microchipped prior to adoption.

In order to join as a BCAS Foster Parent family, **every item on the following form must be completed** and requested documents must be submitted.

## CONTACT INFORMATION

Name:

Mailing Address:

City:

State:

Zip:

Physical Address (if different):

City:

State:

Zip:

\*\* Phone :

Fax:

\*\* Email:

## Which type of animals are you willing to foster?

Cats/Kittens

Dogs

Both

**In order to become a BCAS Foster Parent you must agree to the following terms:**

### AUTHORIZATION OF MEDICAL CARE:

If my foster animal becomes ill or injured while in my care for any reason, any care for that illness will be provided from the Burlington County Animal Shelter. If my foster animal becomes ill or injured while in my care for any reason during the closed/off hours of the Burlington County Animal Shelter, I will make every reasonable effort to provide appropriate veterinary care for my foster animal at no cost to BCAS . If I am unable to provide the required care for my foster animal I will return my foster animal to the BCAS facility.

**I Agree**

### MEDICAL RECORDS:

I agree to disclose any special medical care provided by any non-BCAS veterinarian or clinic for this foster animal to the Adoptions staff, so that records of outside care can be kept in the foster animal's records.

**I Agree**

**ADOPTION:**

I agree to disclose any and all medical / behavioral history and medical / behavioral conditions to any potential adopter for this animal. I understand that at the time of adoption, the adopter may be required to sign a medical or behavior waiver.

**I Agree**

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**RIGHT TO DECLINE:**

I understand that BCAS reserves the exclusive right to decline the continuation and or to terminate participation in any foster parent rights to foster at any time for any reason. I understand that BCAS reserves the exclusive right to decline an adoption application for this foster animal within the basic guidelines of approval for our adoption standards, even if the potential adopter is recommended by the foster parent.

**I Understand**

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**BY SIGNING**, I acknowledge reading, understanding, and accepting the statements herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

**I Agree**

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**REFERENCES**

BCAS requires Foster Parent to submit Veterinary references if you are a current pet owner for the review process. The Veterinarian information provided here should be that of the Veterinarian who has provided care for your current / past animals.

Primary Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

**THANK YOU!**

Thank you for your interest in helping the BCAS save the lives of homeless, orphaned and abandoned animals! You will be contacted shortly by a BCAS staff member about the status of your application.