

WASHINGTON FERRET RESCUE & SHELTER
AGREEMENT & UNDERSTANDING – FOSTER PARENTS

1. All ferrets are property of the Washington Ferret Rescue & Shelter.
2. All ferrets will be cared for to the best of my/our ability which includes but is not limited to: proper nutrition for each ferret in my/our care, which may include special diets and syringe feeding; medication administration and immediate notification of any new medical problem or condition that I/we have not been instructed on regarding care.
3. Monthly reports to the Shelter Director or Foster Coordinator regarding the condition of the ferret, including weight, activity, food tolerance and general health.
4. In the event that the ferret becomes ill or is injured beyond my capability to handle, the Shelter Director or Designee will be IMMEDIATELY notified as to the condition of the ferret(s). If IMMEDIATE medical attention is needed and the Shelter Director or Foster Coordinator is unavailable, I/we will take the ferret(s) to an approved veterinarian for immediate treatment, or if is after business hours, the ferret(s) will be taken to the nearest emergency animal clinic.
5. If I/we choose a vet NOT recommended by the Shelter Director or Foster Coordinator, I/we understand that I/we will be ENTIRELY responsible for any vet bills which the ferret(s) may incur, and CANNOT hold the Shelter responsible for vet costs or the cost of medications.
6. I have received a card for the Avian & Exotic Animal Medical Center and Kamaka Exotic Animal Veterinary Services. I understand how to contact the Shelter Director or Foster Coordinator if I have any questions.

Printed name: _____

Signed: _____

Date: _____

Shelter Volunteer: _____