



**FOSTER CARE APPLICATION & AGREEMENT**

*Welcome to Foothills Animal Rescue! You are joining a dedicated group of people working directly to help homeless animals. We value your contribution to our group whether you foster one animal or dozens of animals over time.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

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

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

Is this address:  Permanent  Seasonal: If seasonal when are you in AZ? \_\_\_\_\_

Do you:  Own  Rent: If rent please provide copy of lease that states you may have animals

Do you have an HOA?  Yes  No If so, what is the limit of how many animals you may have: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Are there children in your home?  Yes  No If so, how many: \_\_\_\_\_ What ages: \_\_\_\_\_

Do you currently have pets:  Yes  No Number of: Cats\_\_\_\_ Dogs\_\_\_\_ Other\_\_\_\_

Are your dogs licensed:  Yes  No

Are they current on rabies vaccinations:  Yes  No Boosters:  Yes  No

Please circle any diseases your household pets may have had: Parvo, Distemper, Feline Leukemia, FIV

Other: \_\_\_\_\_ When: \_\_\_\_\_

Do you have an outdoor enclosed area:  Yes  No How high is the barrier: \_\_\_\_\_

Do you have a doggie door:  Yes  No

Do you have a swimming pool/spa:  Yes  No Is it fenced:  Yes  No

What do you prefer to care for (please check all that apply):

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Adult Cats        | <input type="checkbox"/> Kittens | <input type="checkbox"/> Nursing Mom with Kittens |
| <input type="checkbox"/> Small Adult Dogs  | <input type="checkbox"/> Puppies | <input type="checkbox"/> Nursing Mom with Puppies |
| <input type="checkbox"/> Medium Adult Dogs |                                  |   |
| <input type="checkbox"/> Large Adult Dogs  |                                  |   |

What ages (please check all that apply):

- |                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Under 1 Year | <input type="checkbox"/> 1-3 Years     | <input type="checkbox"/> 3-6 Years |
| <input type="checkbox"/> Over 6 Years | <input type="checkbox"/> No Preference |                                    |

Are you willing to foster an animal that needs training:  Yes  No

Are you willing to foster an animal with medical issues:  Yes  No

Are you willing to foster an animal that requires medication:  Yes  No If yes, please detail your prior experience with administering medications:

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Would you foster multiple pets?  Yes  No If so, how many: \_\_\_\_\_

Where will your foster animals be housed: \_\_\_\_\_

How many hours a day will your foster animal be left alone: \_\_\_\_\_

What enrichment activities will the foster animal receive:

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Are you willing to foster an animal or litter until it/they are adopted:  Yes  No

I agree that my services as a Foster Care Provider are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from Foothills Animal Rescue (FAR) for my foster care of animals.

I agree to provide foster care in strict compliance with the policies and procedures of FAR. This includes, but is not limited to:

- ✔ Providing adequate food, water, shelter, safe containment, and humane treatment for the animal (s) at all times.
- ✔ Providing medication and veterinary care when needed at the expense of FAR and with their approval beforehand.
- ✔ Monitoring the animal (s) and providing proper care and socialization.
- ✔ Notifying FAR within 24 hours of any major change in the foster animal's health or if the animal becomes lost.

- 🐾 Immediately notifying FAR if an animal becomes lost.
- 🐾 Attendance of animals at adoptions events.
- 🐾 Allow a transporter to take animals to adoption events if you are unable.
- 🐾 Representing your self in a professional manner.

**Please write your initials on the line to the left of each paragraph after you have read it.**

\_\_\_\_\_ FAR reserves the exclusive right to determine the proper course of action to take upon notification by the foster parent of any inability to comply with this agreement.

\_\_\_\_\_ I understand and agree that the fostered animal(s) are the exclusive property of FAR. This agreement transfers no ownership rights.

\_\_\_\_\_ I understand that all foster animal(s) must be scheduled for needed medical treatment (altering, vaccinations, microchip, testing, etc) at one of the FAR approved veterinarians.

\_\_\_\_\_ I will respect FAR's decision to determine whether a foster parent can adopt a foster animal.

\_\_\_\_\_ I understand that I must comply with the following adoption protocol:

- 🐾 **I will contact FAR the day my animal is adopted** and provide the name, address, phone number and email for the adoptive parent.
- 🐾 **I will immediately forward the adoption agreement, adoption contract, and money to FAR within 48 hours of the animal leaving my home.**
- 🐾 **In no case will an animal be given a "test run".** Animals are adopted and paid for immediately. Adoptive parents will be informed FAR will always accept the animal back but that no refunds are given.

\_\_\_\_\_ I will agree to vaccinate my own animals against the following diseases before fostering:

🐾 Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); Rabies; and are free of parasites.

🐾 Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster); Feline Leukemia; and are free of parasites.

\_\_\_\_\_ *If I choose to not vaccinate my animals, I understand that FAR will not be responsible for any illness that occurs related to non-vaccinated animals.*

\_\_\_\_\_ I understand no reimbursement by FAR will be given to me regarding any expenditure, which I incur for the care and treatment of the foster animal(s) that was not approved in advance.

\_\_\_\_\_ I understand if a foster animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering other animals of the same species for a specific length of time as deemed suitable by FAR. Discussion with a FAR approved veterinarian will determine the length of time necessary before fostering any animal again in the foster provider's home.

\_\_\_\_ I understand that I may not rescue an animal without prior approval from FAR.

\_\_\_\_ **I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case, FAR shall take immediate possession of the fostered animal(s).**

**Indemnity**

\_\_\_\_ I agree to release, discharge, indemnify and hold harmless FAR, including its agents and employees, for any personal injuries or damages to property or pets caused by the foster animal(s).

\_\_\_\_ I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless FAR, its agents, volunteers, and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

**I have received, read and understand the Foster Care Guidelines provided by FAR.**

\_\_\_\_\_  
Foster Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of FAR Staff or Board

\_\_\_\_\_  
Date