

Pet Foster Information & Agreement

Thank you for your interest in volunteering for the Paws & Claws Pet Shelter. We ask that you answer the following questions as completely as possible.

YOUR INFORMATION

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

BEST TIME TO REACH YOU: _____

HOUSEHOLD

Please list the names, ages and relation of all adults in the household:

Please list the names, ages and relation of all children in the household:

DWELLING INFORMATION

What type of housing do you live in? (Apt/Condo, Townhouse, Single Family....)

Do you own or rent?

How long have you resided at this address?

Do you have a fenced in yard? If so, briefly describe it:

Have you ever owned a pet before? If so, what kind?

What kind of experience have you had/have with pets? (dog training, vet tech, groomer, agility, happy pet owner, etc).

Have you ever fostered an animal before? If so, what was your experience?

What pets do you currently own? How long have you owned them?

If you currently own a pet, is it spayed/neutered?

How many hours per day will the foster pet be alone?

Where will the foster pet stay during the day? During the night?

Who will be the primary caretaker?

Does anyone in the household have allergies?

If there are no children living with you, are there children that visit, for example, grandchildren, children you babysit, etc?

Are you willing to have someone from the PCPS visit your home?

PERSONAL REFERENCE INFORMATION

Please supply names and telephone numbers for 3 personal references, including your veterinarian.

ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THE APPLICATION, OR AT ANY OTHER TIME DURING THE FOSTERING PROCESS, DISQUALIFIES ME FROM FOSTERING.

Signature of applicant: _____

Date: _____

FOSTER CARE AGREEMENT

I understand and agree that if the foster pet is on medication I will continue the medication as directed. If during the time I am fostering the animal it requires medical attention I will contact the PCPS first unless it is an emergency. I understand the foster animal is the property of the PSCS and will not sell, trade or dispose of the pet.

YES _____ **NO** _____

I understand that anyone interested in adopting my foster pet (including myself) must go through the standard adoption process, and approval of candidates and placement of a pet is up to the PCPS. (Of course we welcome your referrals).

YES _____ **NO** _____

I understand that although the PCPS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster animals at my own risk and can reject or return any animals for which the PCPS has asked me to provide care. I indemnify and hold the PCPS free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, my own animals or any third parties by reason of activities arising out of this agreement. I release the PCPS from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

Signature of Foster Parent

Date