

Dumped Stray Animal Rescue
FOSTER CARE APP/WAIVER

Today's Date: _____

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Text/Pager Email: _____

Where will the foster pet be kept? Please list all that apply (loose indoors, fenced yard, tied outside, basement, pen, crate or carrier, garage, closed in room, loose outdoors, other): _____

Do you have prior experience caring for sick animals? Please explain. _____

Do you have prior experience caring for un-weaned kittens or puppies before? Please explain: _____

Do you certify that your own pets are currently immunized against the following diseases as applicable: Canines: Canine Distemper, Parvovirus, Parainfluenza, Hepatitis, Adenovirus Type II, Rabies. The APL also recommends Bordatella vaccination. Felines: Panleukopenia, Rhinotracheitis, Calicivirus, Rabies Small Mammals: immunized according to their species requirements. Yes No

I agree that, when taking an animal to foster for DSAR, I will maintain possession of the animal for the duration of their foster time. If I am unable to continue fostering or have found a better suitor for the foster animal, I will arrange with DSAR representatives to bring the animal back to the shelter to be sent to the new foster. I will not give an animal to another party without the DSAR's knowledge or consent. Yes No

I understand that foster animals are exclusive property of the DSAR and that no ownership right whatsoever is transferred due to the Foster Care Agreement. I agree to abide by all DSAR recommendations for the care and treatment of my foster animal(s). Yes No

I agree to permit a representative of the DSAR to visit my home and observe where the foster animal(s) will be kept. Yes No

I agree to keep foster pets separated from my own pets for the duration of their stay, for the health and safety of my own pets, as well as those in foster care. If I fail to do so, I assume all responsibility for any additional medical

expense to my resident pets and will not hold DSAR accountable. Yes No

I understand that the foster program is donation-based and therefore is not able to reimburse me for any additional supplies I purchase for my foster animals. Yes No

I agree to foster the animals for the length of time deemed necessary by DSAR in order for them to be placed up for adoption. I further agree to return the animals to the shelter within 24 hours or less upon request by the DSAR.
Yes No

I agree to schedule with shelter staff when I will be transporting foster animals for any reason (i.e.: revaccinations, checkups, blood tests, or return for adoption.) I agree to provide all transportation for the foster animals to/from the shelter throughout the foster period. Yes No

I agree to notify the DSAR immediately of any notable changes in my foster animal's health and/or behavior. If a foster animal gets sick, I will call the DSAR and bring it back to the shelter for a medical examination by a veterinarian as soon as possible. Yes No

I agree to provide my foster animals with socialization, enrichment, and the necessary medication as provided by the veterinarian. I agree to only engage in positive reinforcement training methods and attend any training programs with my foster animal as advised. Yes No

I will assume all financial responsibility for the foster animal(s) if I take them to any veterinarian when it has not been approved by the proper DSAR representatives. Yes No

I understand that while fostering an animal or animals, I risk injury, including physical harm, and damage to my real or personal property or to pets, caused by the foster animal(s). I understand that animals can be unpredictable and that DSAR cannot anticipate or ensure against the conduct of animals sent to foster homes. I acknowledge that DSAR has not made any promises, representations, or warranties regarding the current or future condition, temperament, or conduct of the animal(s). I hereby fully and completely release, indemnify, and hold harmless DSAR, its directors, agents, or volunteers from any claim, cause of action or liability of any nature, whether known or unknown, directly or indirectly arising out of or in connection with this animal(these animals.)
Yes No

Please indicate the number of adults and names in your household and the number of children and their ages: _____

Do you own or rent your home Rent Own

If you rent, please enter your landlord's name and phone number _____

If you rent, have you received the approval of your landlord to have an animal Yes No

Has anyone in your household ever experienced animal-related allergies? Yes No

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Please list your household pets, name, species, age, spayed/neutered and date of last vaccines: _____

What type of animal are you interested in fostering? (please list all that apply: adult cats, kittens, young, unweaned kittens with a mom, young, unweaned kittens without a mom, sick or injured pets) _____

How long are you willing to foster at any one time? _____

Please describe how often/time of day that you are home _____
