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www.foothillsanimal.org

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 shelter pets.

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:

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:

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 Foothills within 24 hours of any major change in the foster animal's health or if the animal becomes lost.
- 🐾 Immediately notifying Foothills 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.

_____ Foothills 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 Foothills decision to determine whether a foster parent can adopt a foster animal.

_____ I understand that I must comply with the following adoption protocol:

🐾 **All adoptions must be completed at Foothills Animal Rescue.**

🐾 **In no case will an animal be given a "test run".** Animals are adopted and paid for immediately. Adoptive parents will be informed Foothills 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 Foothills will not be responsible for any illness that occurs related to non-vaccinated animals.*

_____ I understand no reimbursement by Foothills 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 Foothills. Discussion with a Foothills approved veterinarian will determine the length of time necessary before fostering any animal again in the foster provider's home.

_____I understand that if 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, Foothills 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 Foothills, 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 Foothills Animal Rescue.

Foster Care Provider Signature

Date

Signature of Foothills Animal Rescue Staff or Board

Date