FUR THE VOICELESS

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FOSTER PET PARENT APPLICATION

Thank you for your interest in fostering a pet through FUR THE VOICELESS. Please complete this application to help us match you with an animal that fits your home and lifestyle.

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ State: ____ ZIP: _____

Phone: _____ Email: _____

Date of Birth: _____

HOME ENVIRONMENT

Type of housing (house, apartment, condo, etc.): _____

Do you rent or own? _____

If renting, landlord's name & phone: _____

Is your yard fenced? ☐ Yes ☐ No Height: _____

Number of adults in household: ____ Number of children (ages): _____

PET EXPERIENCE

Do you currently have pets? ☐ Yes ☐ No If yes, list species/breeds/ages:

_____

Have you owned pets before? ☐ Yes ☐ No Describe experience: _____

Do you have experience with rescued, sick, or special-needs animals? _____

FOSTERING PREFERENCES

Type of animals you can foster (dogs, cats, puppies, kittens, etc.): _____

Any breed, size, or age preferences? _____

How many animals can you foster at one time? _____

How long can you typically foster? ☐ Short-term ☐ Long-term ☐ Until adoption

CARE & AVAILABILITY

How many hours a day will the animal be left alone? _____

Are you willing to transport animals to vet visits or adoption events? ☐ Yes ☐ No

How would you handle behavioral or medical issues? _____

REFERENCES

Please list two personal or veterinary references:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

AGREEMENT & LIABILITY WAIVER

I understand that fostering is a volunteer role and that I'll provide a safe, loving temporary home for animals placed in my care by FUR THE VOICELESS. I agree to follow all rescue policies regarding medical care, adoption events, and communication.

I acknowledge that animals may carry diseases or have unpredictable behavior. I accept all risks associated with handling or fostering any animal. I agree that FUR THE VOICELESS, its officers, volunteers, and affiliates shall not be held liable for any injury, illness, property damage, or loss resulting from fostering animals. I understand that any medical treatment or care for the foster animal must be pre-approved by the rescue, and I will not be reimbursed for unapproved expenses.

I hereby release and hold harmless FUR THE VOICELESS, its officers, directors, employees, and volunteers from all claims, actions, or demands of any kind arising out of my fostering activities. This includes but is not limited to any claims for personal injury, property damage, or emotional distress.

By signing below, I certify that the information provided in this application is true and complete. I also confirm that I have read, understood, and voluntarily agree to this liability waiver.

Signature: _____ Date: _____