



Foster Care Application

****Incomplete applications will not be considered, please write n/a if a section does not apply to you. ****

Applicant Information		
Name:	Date:	
Date of Birth:	Over 18: Yes or No	
Street Address:		
Mailing Address (if Different):		
City:	State:	Zip Code:
Phone:	Alt. Phone:	Alt. Phone:
Email:		

SPECIAL CIRCUMSTANCES
<p>If you're only applying to foster to assist with a specific event/emergency/case please indicate which situation below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Lifestyle		
<table border="1"> <tr> <td>Do you rent or own?</td> <td>If Renting, Landlord's Phone:</td> </tr> </table>	Do you rent or own?	If Renting, Landlord's Phone:
Do you rent or own?	If Renting, Landlord's Phone:	
Type of home? Multi-Story House Ranch Style House Apartment Mobile Home Park		
How long have you lived at this address? _____		
What is your employment status? _____ How many hours are you away from home per week? ____		
What are the ages of the residents in the home? _____ Do you often have visitors? ____		

Veterinary Reference
Who is your primary veterinarian?
How long have they been your primary veterinarian?
Veterinarian's Phone Number:

Current/Past Pets

Have you lost/euthanized a pet in the last year? Yes No
If yes, please explain the circumstances. _____

How many pets do you currently have? _____
Do you foster animals, pet-sit, or have animals who visit your home? _____
If you have cats, are they Indoor Outdoor Both, explain _____
If you have dogs, are they Indoor/Outdoor Outdoor Only
How do you let your dog outside? Leash-Walk Fenced in Yard Free Roam
 Invisible Fence Other, explain _____
What kind of enrichment/lifestyle will your pet have? _____

If this animal exhibits unwanted behaviors; i.e. urinating in inappropriate places, inappropriate chewing/scratching how will you respond? _____

List of Current Pets

Name	Gender	Age	Are they Spayed/Neutered?	Breed	Are they Up-to-Date on Vaccinations?	How long have you had the animal?	Species

Social Media Release

I give my consent to Stray Haven Humane Society & SPCA and its employees, representatives, and authorized media organizations permission to print, photograph, and record my person for use in audio, video, film, or any other electronic, digital and printed media. Yes No

Additional Background and Safety Information

Have you ever been convicted of animal neglect or abuse? If yes, please elaborate.

Do you have a valid driver's license? Yes No

Do you have any weight lifting restrictions? If yes, please elaborate.

Interest		
Dogs	Cats	Other (rabbits, ferrets, birds, etc.)
<input type="checkbox"/> Bottle Feeding Puppies	<input type="checkbox"/> Bottle Feeding Kittens	<input type="checkbox"/> Bottle Feeding Small Animals
<input type="checkbox"/> Mother & Babies	<input type="checkbox"/> Mother & Babies	<input type="checkbox"/> Mother & Babies
<input type="checkbox"/> Puppies under 12 weeks	<input type="checkbox"/> Kittens under 12 weeks	<input type="checkbox"/> Other too young for adoption
<input type="checkbox"/> Adult Dogs	<input type="checkbox"/> Adult Cats	<input type="checkbox"/> Adult Small Animals
<input type="checkbox"/> Senior Dogs	<input type="checkbox"/> Senior Cats	<input type="checkbox"/> Senior Small Animals

Purpose

What type of care are you interested in providing?

Prenatal & Perinatal (mother & babies/bottle babies)
 Animals too young to be fully vaccinated (under 12 weeks)
 Providing Socialization & Training for Dogs under 8 months
 Providing Socialization & Training for Dogs 9 months - 2 years (these are the dogs most frequently surrendered to the shelter, puppy behaviors have continued into adulthood.)
 Socializing Cats 3 months+ (These cats could required several months of purposeful feeding and handling plans to prepare them for a permanent home.)
 Senior Care
 Surgical Recovery/Medical
 Hospice

Additional Information

Are you comfortable administering medication to this animal? _____
 (This could include oral, rectal, topical, and ocular)

Often our dogs are eligible to attend trainings on site for free, would you be able and willing to bring your foster dog to trainings as coordinated with the kennel supervisor?

Attestation and Signature

By signing below, I certify that the information provided on this application is true.

Printed Name: _____

Signature: _____ Date: _____

For Office Use ONLY

Received by: _____ Date: _____

Staff Commentary: _____

Landlord Reference:	Approved	Not Approved	Not Applicable
Veterinarian Reference:	Approved	Not Approved	Not Applicable



Volunteer Release of Liability and Hold Harmless Agreement

***Our mission at Stray Haven Humane Society is to ensure
the protection of animals through education and service.***

All persons volunteering at the shelter or participating in any event or activity organized or sponsored, in whole or in part, by Stray Haven Humane Society & SPCA are required to read, agree to, and sign this waiver before participating in any such event or activity. Please acknowledge that you have read each section by initialing where indicated.

1. Waiver of Liability for Services Performed On Site

I hereby release and forever discharge Stray Haven Humane Society & SPCA, its employees, directors, officers, administrators, agents, and assigns (hereinafter collectively and severally referred to as "SPCA") from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, at the SPCA facility located at 194 Shepard Road, Waverly, NY 14892.

Initial Here _____

2. Waiver of Liability for Services Performed Off Site

I hereby release and forever discharge SPCA, and any off site organization from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, on behalf of, or in conjunction with, SPCA which occurs as a result of participation in any event or activity sponsored or endorsed by SPCA, including, but not limited to, any event or activity promoted in connection with SPCA or it's membership program and travels to/from any such event.

Initial Here _____

3. Waiver of Liability for Services Performed at the SPCA and other Off Site Adoption Locations

I hereby agree that I am providing volunteer services to SPCA, assisting in pet adoptions. This may also include assisting in adoption of pets through SPCA at local stores or other off-site adoption locations. Other off-site adoption locations, include but are not limited to: Petsmart, Petco, Tractor Supply I understand that SPCA, or other off-site adoption locations are not responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold harmless and release from liability SPCA and all other off-site adoption locations should I become sick or injured from any animal as a result of my volunteer work.

Initial Here _____

4. Responsibility for Personal Pets and Agreement to indemnify

I agree that any injury, damage, or loss, of any kind whatsoever, to any person, animal, or property at any SPCA event, or at the SPCA facility, caused by my own pet, or a pet which is otherwise in my possession, is solely my responsibility and I will indemnify, save and hold harmless SPCA from any damages, costs, losses and expenses including, but not limited to bodily injury, property damage, including but not limited to legal fees, court costs, and litigation expenses.

Initial Here _____

5. Responsibility to Report Injuries

I agree to immediately report all injuries or disease I may receive while on the property of the SPCA facility or while working in the service of the SPCA, including but not limited to animal bites, deep scratches, and slips or falls. I agree to file an incident report immediately following any such injury. If I am unable to file a written report, I agree to contact the Executive Director or shelter manager within 24 hours of the incident and inform them of said incident.

Initial Here _____

6. Agreement of Indemnify

I further agree that if, despite the Release of Liability and Hold Harmless Agreement I or anyone on my behalf makes a claim against the SPCA, I will indemnify, save and hold harmless the SPCA from any damages, losses and expenses including, but not limited to, legal fees, court cost and litigation expenses. I agree to indemnify and hold harmless the SPCA from any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand or cause of action brought against the SPCA, jointly or individually, for bodily injury, death or property damage suffered as a result of my own negligent, reckless or willful act, omission in the performance of failure to perform his/her volunteer services. (EXAMPLE: a volunteer is drunk driving a SPCA van which then hits and kills a 3rd person. Estate of a 3rd person sues SPCA, the signer of this agrees to pay the judgment against the SPCA.)

Initial Here _____

7. Acknowledgements

Neither this waiver nor the circumstances leading to its execution shall be deemed acknowledgement by the SPCA that, as of the date hereof, any such claim exists or will exist or that the activities and events of the SPCA are hazardous or present any unusual risks. I acknowledge and agree that I:

- a) Fully understand the meaning of this release and waiver and recognize my right to seek the advice of an attorney before signing it;
- b) Have signed it freely and without any inducement or assurance of any nature;
- c) Intend it to be a complete unconditional release of liability to the greatest extent allowed by law; and
- d) Agree that if any portion of this agreement is held to be invalid the balance notwithstanding shall continue in full force and effect.

This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of attending, traveling to and participating in said events or activities and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

Initial Here _____

I hereby declare that I am over the age of eighteen (18) years old and that I have read and understood and voluntarily accepted the terms and conditions of this Release of Liability and Hold Harmless Agreement. If I am not over the age of eighteen (18) years old, I have provided a guardian signature and the guardian agrees to have read, understood, and has voluntarily accepted the terms of this agreement on my behalf.

Signature: _____ Date: _____

Print name: _____

Current Address: _____ Phone Number: _____

Guardian Signature: _____ Date: _____

Print Name (Guardian) _____

SPCA Management Signature: _____