

Scranton, PA 18509

friendswithpaws@aol.com

Date:

Name:

21 years or older?

Address:

Email:

Cell phone number: Home phone number:

Facebook name:

Do you drive?

Place of Employment (name, address, phone):

How did you hear about **FRIENDS WITH PAWS PET RESCUE**?

Have you ever fostered before? If yes, what organization and when?

What kind of animal(s) would you feel most comfortable foster (cat/dog, breed, size, age)?

How many people reside in your home? Please list their names & ages:

What type of home do you live in (single family/duplex/apartment)?

Own/rent:

\***IF YOU RENT, YOU MUST HAVE VERBAL AND WRITTEN APPROVAL FROM YOUR LANDLORD\***

LANDLORD’S NAME:

LANDLOARD’S CONTACT NUMBER:

Does your home have a fence? If yes, where and what kind?

Do you plan on moving in the next 6 months?

Do you have homeowners insurance?

Who will be responsible for caring for the foster pet(s)?

Do you plan on adopting in the near future?

Please list all the animals that live in the home (breed and age):

Please list all the animals that visit on a regular basis (breed and age):

How do your current pets respond to other pets?

VETERINARIAN’S NAME:

VETERINARAN’S PHONE NUMBER:

PLEASE LIST THREE REFERENCES & A CONTACT NUMBER TO REACH THEM:

1.

2.

3.

AS A FOSTER FAMILY, I/WE AGREE TO PROVIDE NUTRITIOUS MEALS, FRESH WATER, GROOMING, A SAFE ENVIRONMENT, AND APPROPRIATE SHELTER FOR A FOSTER DOG/CAT. I WILL NOT HIT, LEAVE MY FOSTER PET TIED UP OR UNATTENDED IN A VEHICLE. I AGREE TO PLAY WITH, PET AND GIVE ATTENTION TO MY FOSTER DOG/CAT. I AGREE TO LET **FRIENDS WITH PAWS PET RESCUE** KNOW IMMEDIATELY IF THERE ARE ANY CHANGES IN THE HEALTH OF THE DOG/CAT. I WILL CHECK MY DOG/CAT REGULARLY FOR ANY SIGNS OF ILLNESS. I WILL SEEK TO MODIFY BEHAVIOR BY PRAISING THE BEHAVIOR THAT I DESIRE. I AGREE TO CONTACT **FRIENDS WITH PAWS PET RESCUE** IF I AM EXPERIENCING ANY BEHAVIOR DIFFICULTIES. I WILL CLOSELY SUPERVISE MY FOSTER DOG/CAT AROUND CHILDREN. I WILL CLOSELY SUPERVISE MY FOSTER DOG/CAT NEAR ROADWAYS OR WATER, WHEN TRAVELING IN A VEHICLE, OR ANY OTHER POTENTIALLY DANGEROUS SITUATION. I AGREE TO ANY HOME VISITS NEEDED. I WILL RELINQUISH THE DOG/CAT UPON REQUEST. UNLESS YOU ARE NOTIFIED OTHERWISE, THE DOG/CAT WILL HAVE BEEN GIVEN PREVENTATIVE IMMUNIZATIONS. HOWEVER, BECAUSE OF THE CIRCUMSTANCES MANY RESCUE ANIMALS COME FROM, ANY ANIMAL MAY CARRY OR COULD HAVE BEEN EXPOSED TO AN INFECTIOUS DISEASE, WHICH MAY NOT BE APPARENT FOR SEVERAL DAYS. **FRIENDS WITH PAWS PET RESCUE** CANNOT WARRANT OR GUARANTEE THE FOSTER DOG IS HEALTHY OR GOOD-NATURED. ANY ANIMAL HAS THE POTENTIAL TO BITE OR CAUSE INJURY. YOU HAVE DETERMINED FOR YOURSELF THE ANIMAL IS ACCEPTABLE FOR YOU AND YOUR HOUSEHOLD.

I RELEASE **FRIENDS WITH PAWS PET RESCUE**, ITS VOLUNTEERS AND REPRESENTATIVES FROM ANY AND ALL CLAIMS AND ACTIONS, WHETHER IT’S FOR PROPERTY DAMAGE CAUSED BY THE ANIMAL OR FOR PERSONAL INJURY TO ME, FAMILY MEMBERS, ANY OTHER PERSON AND/OR ANIMAL. I/WE FURTHER AGREE TO HOLD **FRIENDS WITH PAWS PET RESCUE** ITS VOLUNTEERS AND REPRESENTATIVES, AND ANY INDIVIDUALS ASSOCIATED AND TO INDEMNIFY SUCH ORGANIZATIONS OR INDIVIDUALS FOR ANY DAMAGES OR COSTS RESULTING FROM LIABILITY, KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, AS A RESULT OF THE DOG’S/CAT’S CONDUCT AFTER THE DATE OF THIS FOSTER AGREEMENT. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO ALL TERMS AND CONDITIONS OUTLINED ABOVE.

FIRST NAME: LAST NAME: