



FOCCAS FOSTER CARE APPLICATION & AGREEMENT

Name: _____ Are you over 18 years old? Yes No

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-Mail: _____

Do you own or rent the place where you live: _____ If you rent, are animals allowed: _____

If there are restrictions on animals, explain: _____

If you rent or reside in another person's home, provide their name and telephone number: _____

Number of children in your household: _____ Their ages: _____

Do you have a yard: Yes No Is the yard completely fenced: Yes No

Circle option that describes your normal day: Home all day Out part-time gone 7-10 hrs daily

Indicate pets currently living with you: _____ Dogs _____ Cats _____ Birds _____ Other

Name of your veterinarian: _____

Are your pets: _____ Indoor only _____ Outdoor only _____ Both

Are your pets current on their vaccinations: _____

Are all your pets spayed and/or neutered: Yes No If no, please explain: _____

What type of animal(s) would you like to foster:

- | | | |
|---|-----|----|
| • Young unweaned kittens without a mom | Yes | No |
| • Young unweaned kittens with mom | Yes | No |
| • Weaned kittens | Yes | No |
| • Adult cats | Yes | No |
| • Young unweaned puppies without a mom | Yes | No |
| • Young unweaned puppies with mom | Yes | No |
| • Weaned puppies | Yes | No |
| • Adult dogs | Yes | No |
| • Pocket pets [ferret, hamster, gerbil, etc.] | Yes | No |
| • Rabbits | Yes | No |
| • Other [specify _____] | Yes | No |
| • Sick or injured pets | Yes | No |

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

Are you willing to foster more than one animal at a time: Yes No

Any foster pet you take needs to get along with: _____ dogs _____ cats _____ kids

How will the foster pet receive exercise: _____

Where will the foster pet be kept [indicate "day" with a "D" and "night" with an "N":

____ Loose Indoors ____ Basement ____ Garage ____ Closed in a room

____ Fenced yard ____ Pen [____x____] ____ Loose outdoors

____ Tied outside ____ Crate or Carrier Other: _____

Have you cared for young, unweaned puppies or kittens before: Yes No

If yes, explain: _____

Have you ever given medication to sick animals before: Yes No If yes, explain: _____

Are you willing to provide food and litter at your own cost for foster pets: Yes No

Have you fostered an animal before: Yes No If yes, what organization did you foster for: _____

I, _____ [name of foster applicant] make the above statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to any animals FOCCAS may temporarily place in my care.

- I agree to provide a FOCCAS representative access to all parts of my home and property for a home inspection before my application to foster is approved.
- I understand that I may be required to provide foster care to my foster animal for an extended and indefinite period of time.
- I agree that I am over 21 years of age.
- I understand that FOCCAS provides no guarantee as to the health of my foster animal and that my foster animal may have medical needs, socialization problems, and may not be housebroken.
- I agree to provide my foster animal with veterinary care as authorized by FOCCAS I will not arrange or pay for any elective veterinary care for my foster animal without the express consent of an authorized FOCCAS representative.
- I will take all necessary precautions to prevent my foster animal from either impregnating another animal or becoming impregnated. In the event that happens, I will notify FOCCAS immediately.
- I understand that I may only have my foster animal temporarily.
- I agree that I am fostering this animal for FOCCAS, and that I do not have any right of ownership over my foster animal. I further agree that FOCCAS' rights in and to my foster animal are superior to mine. I also agree to provide a FOCCAS representative access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.
- I agree to immediately return any foster animal in my care to FOCCAS at the request of its authorized representative at any time and for any reason. If FOCCAS is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify FOCCAS for all court costs and attorneys' fees connected with such an action.
- If I am planning to move at any time during the period when I am housing a foster animal, I agree to contact FOCCAS prior to my move and provide FOCCAS with my new contact information. I

understand that FOCCAS has the right to request return of my foster animal based on my change of residence, and agree that I will surrender my foster animal to FOCCAS immediately upon re-quest.

- I understand that as long as I provide foster care to my foster animal to FOCCAS' satisfaction, I will be given the first right of adoption of my foster animal, at such time as FOCCAS decides to place my foster animal for adoption.
- If at any point I can no longer, or do not want to continue to, provide care and shelter for my foster animal, I agree to contact FOCCAS and arrange for surrender and return of my foster animal back to FOCCAS.
- I will not transfer possession or custody of my foster animal to any other person at any time, except for temporary, short-term possession for the purpose of vet care, grooming, etc.
- I agree to contact FOCCAS with any and all questions or concerns about my foster animal or the Foster Care Program as well as with updated contact information.
- I agree that if I refuse or fail to comply with any provision of this agreement, FOCCAS has the right to terminated this agreement and also has the right to the immediate surrender and return of my foster animal(s). I further consent to provide FOCCAS access to my premises if necessary to facilitate the return.
- I agree that the opportunity given to me to help rehabilitate my foster animal, as well as the chance of a potential future adoption, is of significant benefit to me, and serves as proper legal consideration in exchange for my agreement to the terms of this contract.

I have read this application and Agreement in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful, under penalty of perjury under the laws of the State of Indiana.

Signature

Date

Printed Name

Return Application and Agreement to:
FOCCAS
PO BOX 3245
CROSSVILLE, TN 38557
OR EMAIL TO FOCCAS.TN@GMAIL.COM

For FOCCAS use only:

Approved: Yes No

Staff Initials: _____

Date: _____

Comments: _____

