



FOSTER CARE AGREEMENT & APPLICATION

Name: _____ Date of Birth: _____

Address: _____ City/State: _____

Zip Code: _____ Email Address: _____

Cell Phone: _____ Alternate Phone: _____

Place of Residence: _____ Own _____ Rent

If you rent, are pets allowed? _____ Any restrictions? _____

Landlord's name & phone number: _____

Number of children in household: _____ Ages of children: _____

Fenced yard? _____ If not, are you prepared to exercise your foster pet? _____

Your normal day: _____ home all day _____ gone part-time _____ gone 8-10 hours

Current Pets: _____ Dog(s) _____ Cat(s) _____ Other (Describe): _____

Names and Ages of Pets: _____

All pets spayed/neutered? _____ All pets UTD on vaccinations? _____

If not, please explain: _____

What Veterinarian do you use? _____

What is the phone number of your Veterinarian? _____

Please provide 2 references (non relatives):

1. Name: _____ Phone: _____

Email Address: _____

2. Name: _____ Phone: _____

Email Address: _____

How did you hear about FOCCAS? _____

What made you want to volunteer with FOCCAS? _____

Please indicate any of the following kinds of animals you are willing to foster:

- | | |
|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Unweaned kittens without a mom | <input type="checkbox"/> Unweaned kittens with a mom |
| <input type="checkbox"/> Weaned kittens | <input type="checkbox"/> Adult cats |
| <input type="checkbox"/> Sick or injured kittens | <input type="checkbox"/> Sick or injured cats |
| <input type="checkbox"/> Unweaned puppies without a mom | <input type="checkbox"/> Unweaned puppies with a mom |
| <input type="checkbox"/> Weaned puppies | <input type="checkbox"/> Adult dogs |
| <input type="checkbox"/> Sick or injured puppies | <input type="checkbox"/> Sick or injured dogs |

How will the pet you foster get exercise? _____

Where will the foster pet be kept when you're not at home? _____

Where will the foster pet be kept at night? _____

Please explain any experience you have with animal care: _____

Please list any rescues you have worked with: _____

FOCCAS MISSION STATEMENT : To inspire our community to cultivate the values of kind, compassionate, responsible, humane care of the county's animals, including stray, feral and owned, through both education and community based programs, and to prevent cruelty to animals.

I, _____ (name of foster applicant), verify the information above is accurate, am willing to uphold the FOCCAS Mission Statement, and am voluntarily entering into this agreement to provide a temporary home as a foster caregiver for any animals FOCCAS may temporarily place in my care. I agree that all statements contained in this document are made by me and are truthful, under penalty of perjury according to the laws of the State of Tennessee.

Once your application is vetted and approved, you will be provided with the **"FOCCAS FOSTERING GUIDELINES,"** and coordinate with our foster coordinator, 931-246-9008 or email foccas.rescue@gmail.com to get set up to foster.

- I verify I am 21 or older.
- 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 understand that FOCCAS provides no guarantee as to the health of my foster animal and the animal may have medical needs and/or socialization problems, and may not be housebroken.
- I agree to contact FOCCAS with any and all questions or concerns about my foster animal or the Foster Care Program.
- I will provide my foster animal with veterinary care only as authorized by FOCCAS, and will not arrange or pay for any elective veterinary care, 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. If that happens, I will notify FOCCAS immediately.
- I understand I am fostering for FOCCAS, and have no right of ownership to my foster animal. The rights of FOCCAS for my foster animal are superior to mine, and a FOCCAS representative may access my home and property to check on my foster animal as warranted.
- I agree to immediately return any foster animal in my care to FOCCAS if requested by an 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 plan 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 my new contact information. I understand that FOCCAS has the right to request the return of my foster animal based on my change of residence, and I agree to surrender my foster animal to FOCCAS immediately upon request.
- I understand that as long as I am fostering an animal to the satisfaction of FOCCAS, I will be given the first right to adopt, when it is decided to place my foster animal up 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 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 vet care, grooming, etc. Approved by FOCCAS representative.
- If I refuse or fail to comply with any provision of this agreement, I understand FOCCAS has the right to terminate this agreement and require immediate surrender and return of my foster animal(s), and consent to give FOCCAS access to my premises 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 in agreement with its entirety.

Signature _____ Date _____