



FOSTER CARE APPLICATION (Dog/Cat)

SAVING ALL PAWS NORTH JERSEY, INC.

PH: (862) 801-5322

EMAIL: michele@savepawsnj.org

WEBSITE: <https://savepawsnj.org/>

Contact Information	
Foster Applicant Name:	
Street Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
eMail Address:	
Employer:	
Occupation:	
Work Phone:	
How long have you been with your employer?	
Are you a student?	
No. of adults in the household:	
No. of children/ages in the household:	
Any other relatives in the household?	
Anyone in the house with allergies to animals?	
If yes, what type of allergies to what animals?	
Do you rent or own?	
How long have you lived at your current address?	
Is it a house, townhouse, condo or apartment?	
Approximate square footage of your home:	
If you rent, please provide	

landlord name:			
Landlord phone number:			
Do you have permission from your landlord to foster an animal?			
Is a pet deposit required?			
Has the pet deposit been paid?			
Current pets in your household:			
Pet type (cat, dog, hamster etc.)	Age of pet	Sex of pet (M/F)	Spayed/neutered? (Y/N)
Are your pets on a flea/tick preventative treatment?			
Are your pets up to date on vaccines?			
Have all your cats been tested for FELV/FIV?			
If yes, results of the tests?			
Have your animals had fecal exams?			
How long are you willing to foster a particular animal for?			
Please describe where the animal will stay during the day, at night and when you're not home:			

Please check all types of animals that you're interested in fostering:			
<input type="checkbox"/> Newborn bottle kittens	<input type="checkbox"/> Mother and kittens	<input type="checkbox"/> Cat	<input type="checkbox"/> Special needs cat
<input type="checkbox"/> group of kittens older than 5 weeks	<input type="checkbox"/> Puppy	<input type="checkbox"/> Dog	<input type="checkbox"/> Other pls explain
Other:			
Are you willing to bring your foster pet to any events or to the vet should the need arise?			
Are you willing to screen/meet any potential adopters?			

Note: Saving All Paws covers the medical expenses for all foster animals. However, our vet care costs are only discounted through particular vets and therefore these are the only clinics we are currently using for routine care. With the obvious exception of a life-threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, Saving All Paws will not be able to cover the cost of the visit. Thank you for your understanding.

Foster Care Agreement

- I/we understand that all animals are TEMPORARILY fostered for Saving All Paws and are the property of Saving All Paws.
- I agree to keep any foster animal under my control at all times while I am fostering, keeping cats inside and/or dogs on-leash.
- If my foster pet(s) shows any sign of health or behavior problems, I understand that I need to contact Saving All Paws immediately.
- I will relinquish any foster animal to Saving All Paws upon their request.
- If you or your acquaintances should become interested in adopting a foster pet, an adoption application can be acquired through Saving All Paws by emailing michele@savepawsnj.org or calling (973) 932-9301.
- Saving All Paws is not responsible for damage or injury to any person, animal, or possession caused by a foster animal.
- I recognize and understand the inherent risks associated with the care of animals, including but not limited to the possibility of any injury to person and/or property which I may suffer as a result of the unpredictable nature and/or provocation of animals. I acknowledge and understand that the temperament may not be fully known, and do hereby assume full responsibility for any and all actions of, and for any personal injuries and/or damages that may be caused hereafter by or to foster, and hereby remises, releases and forever discharges SAPNJ from any claim, loss or liability whatsoever arising from or relating in any way to the fostered Pet.
- I understand that rescue animals may carry transmissible diseases which may be spread to my personal pets. I agree to take the proper precautions to minimize these risks. I will not hold Saving All Paws responsible for any illness to my personal pet or any other animal under my care as a result of cross contamination from a Saving All Paws animal.
- I further understand that Saving All Paws carries no personal and/or liability insurance for volunteers and that I should obtain such from a personal source should I require it.

- I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker’s compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits if or when my volunteer assignment ends.
- I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.
- In consideration of the mutual promises of the parties contained in this document, or of the acts to be performed by either, the parties agree that I hereby knowingly and voluntarily waive any and all claims, damages or causes of action which I may have or incur against Saving All Paws, its officers, directors, agents, affiliates and employees as a result of my donation of time and effort.

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.

Date:	
Name (Print):	
Signature:	