

FOUNDATION FOR THE CARE OF INDIGENT ANIMALS



(FCIA)

Dedicated to rescuing small dogs from the streets,
local shelters and unwanted homes



FOSTER HOME APPLICATION/AGREEMENT

(please print and complete in full)

Being a foster for FCIA is a rewarding experience as you are helping to save an animal's life.
We thank you for filling out our application and look forward to meeting you.

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Do you (*circle all that apply*) Own Rent House Condo Apt. Mobile Home

If you rent, do you have the landlords approval to have a pet (*circle one*)? Yes No

Do you plan to move in the next 12 months (*circle one*)? Yes No

If renting, give name and phone number of landlord: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Employer: _____ Work Ph: (____) _____

List other adults living in your home and their relationship: _____

Ages of Children at Home (*if applicable*): _____

Why do you want to foster? _____

What previous animal experience do you have? _____

Have you ever fostered an animal before (*circle one*)? Yes No
If yes, for whom? _____

Please indicate the areas you are available to foster:

- _____ Adult dog (*circle all that apply*) Small Large Male Female
_____ Adult cat (*circle all that apply*) Male Female
_____ Nursing dogs and puppies
_____ Nursing cat and kittens
_____ Puppies without nursing mother (*may need bottle feeding every 3-4 hours*)
_____ Kittens without nursing mother (*may need bottle feeding every 3-4 hours*)
_____ Injured animals
_____ Special needs animals

Have you cared for young puppies or kittens before (*circle one*)? Yes No

When can you start fostering? _____

Do you have a fenced yard (*circle one*)? Yes No How High? _____

What animals do you presently own?

Number of dogs _____ Number of cats _____ Other (*specify*) _____

Breed, description, sex and age of all pets: _____

Spayed/Neutered (*circle one*): Yes No

Dog(s) licensed (*circle one*): Yes No

Is anyone in your home allergic to animals (*circle one*)? Yes No

If yes, please explain: _____

How will you transport your foster pet(s)?

Type of vehicle (*circle all that apply*) Small car Med. Car Lg. Car
Van Open Truck Closed truck
Other _____

Do you have a pet carrier (*circle one*)? Yes No Size _____

How many hours a day will you foster pet(s) be left alone? _____

Where will your foster pet(s) be located during this time? _____

Will the animal be allowed in the house (*circle one*)? Yes No

Describe the area you intend to house the foster pet(s). Please be specific. (i.e., fenced yard, kennel, etc.):

If on vacation or business, who will be responsible for the foster pet(s)? _____

How would you deal with problems such as housebreaking, barking, digging, chewing, etc?

Will you need assistance with food, animal care products (*circle one*) Yes No
(NOTE: With medical fund approval, FCIA will provide medical assistance)

Are you willing to interview prospective adopters and bring foster pet(s) to adoption sites (*circle one*)?
Yes No

How did you find out about the FCIA foster program? _____

TERMS OF THE FOSTER CONTRACT AND AGREEMENT

1. I represent that all of the answers provided in the above application are true and correct.
2. I understand that any animal(s) placed with me is for foster purposes and I am not the legal owner.
3. I consent to FCIA entering my residence to pick-up, reclaim and/or transport any foster animal(s).
4. I agree to return and deliver all foster animal(s) at appointed times for examinations, adoption events, and/or appointments.
5. I understand that I am responsible for obtaining medical treatment as needed for the foster animal(s) at the veterinarian designated by FCIA. Upon request, I will make the animal(s) immediately available for medical treatment by FCIA.
6. I hereby fully and completely release FCIA, its agents or volunteers from any claim, cause of action or liability, whether known or unknown, arising out of damage a foster animal in my care may inflict upon any person or property, for any illness of the animal, and for the transmittal of any illness or parasite to any other animal or person.
7. I understand a home inspection by FCIA will be required before beginning my foster care activity.
8. I am 18 years of age or older.
9. I understand and agree that FCIA is entitled to recover all costs and expenses incurred by it in enforcing the terms of this Contract, including attorney's fees and court costs.
10. In submitting this document, I hereby acknowledge that the information I have provided is true and correct.
11. I have read and understand the application and contract provisions.

(Applicant's printed name)

(FCIA Representative Signature)

(Applicant's signature)

(Date)