

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 (<i>circle all that apply</i>) Own Rent House Condo Apt. Mobile Home If you rent, do you have the landlords approval to have a pet (<i>circle one</i>)? Yes No Do you plan to move in the next 12 months (<i>circle one</i>)? Yes No
If renting, give name and phone number of landlord:
Home 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

Please indicate the areas you are available to foster: Adult dog (circle all that apply) Small Large Male Female Nursing dogs and puppies Puppies without nursing mother (may need bottle feeding every 3-4 hours) Injured animals Special needs animals
Have you cared for young puppies 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?
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 (<i>circle one</i>) Yes No (NOTE: With medical fund approval, FCIA will provide medical assistance)

2

How o	lid 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)