

## Foster Information

- Foster Type

\_\_\_\_\_ Puppies less than 6 months \_\_\_\_\_ Kittens less than 6 months

\_\_\_\_\_ Surgery Recovery Dogs \_\_\_\_\_ Surgery Recovery Cats

\_\_\_\_\_ Bottle Baby Cats \_\_\_\_\_ Ringworm Cats

## Applicant Information

### YOUR INFORMATION

- First Name \_\_\_\_\_
- Middle \_\_\_\_\_
- Last Name \_\_\_\_\_
- Maiden Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Driver's License \_\_\_\_\_

### OTHER ADULTS IN THE HOUSEHOLD (18 YRS AND OLDER)

- Name \_\_\_\_\_
- Maiden Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_
  
- Street Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Home Phone \_\_\_\_\_

- Cell Phone \_\_\_\_\_
- Email Address \_\_\_\_\_
- Occupation or Source of Income \_\_\_\_\_
- Employer \_\_\_\_\_
- Have you fostered in the past?  Yes  No
- If yes, what shelter/rescue did you foster for? \_\_\_\_\_
- Is Your Family:  
 Very Active  Moderately Active  Not Very Active  Quiet

## Additional Information

RESIDENCE  OWN  RENT

- Residence Type  
 Apartment  Condo  House  Trailer
- If you rent, please provide landlord's name and please bring a copy of your lease prior to adoption.
- Landlord's Last Name \_\_\_\_\_
- Landlord's Phone Number \_\_\_\_\_
- Is there any member of your household that has allergies to any animals?  Yes  No  
If yes, to what type(s) \_\_\_\_\_
- Are they on any medications for their allergies?  Yes  No
- I share my home with: Adults \_\_\_\_\_

- I share my home with: Children \_\_\_\_\_ Ages of children \_\_\_\_\_
- Do you have children who visit? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Who will be responsible for the care of this animal? \_\_\_\_\_ Myself \_\_\_\_\_ Family Member  
\_\_\_\_\_ Children \_\_\_\_\_ All
- Where primarily will the animal live? \_\_\_\_\_ Inside \_\_\_\_\_ Outside
- Do you have a room or area to isolate your foster animal(s) from other pets?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_
- When animal is inside they will be: (check all that apply)  
\_\_\_\_\_ Crated \_\_\_\_\_ Room \_\_\_\_\_ Basement \_\_\_\_\_ Loose \_\_\_\_\_ Tied
- When animal is outside they will be: (check all that apply)  
\_\_\_\_\_ Fenced yard \_\_\_\_\_ Invisible fence \_\_\_\_\_ Tied \_\_\_\_\_ Runner \_\_\_\_\_ Walked \_\_\_\_\_ Loose  
\_\_\_\_\_ Supervised Loose
- How long are you able to foster? \_\_\_\_\_

Current/Previous Animals Please list pets you had or lived with in the past five years:

*All cats must be current on rabies and distemper. All dogs must be current on rabies, distemper and Bordetella.*

- Name \_\_\_\_\_
- Breed/Type \_\_\_\_\_
- Age \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Spayed/Neutered: \_\_\_\_\_ Yes \_\_\_\_\_ No
- Where is the animal now? \_\_\_\_\_
- Vet & Phone # \_\_\_\_\_

**PRIOR TO SUBMITTING YOUR APPLICATION PLEASE CALL YOUR VET CLINIC TO RELEASE YOUR PET RECORDS**

- Name \_\_\_\_\_
- Breed/Type \_\_\_\_\_
- Age \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female Spayed/Neutered: \_\_\_\_ Yes \_\_\_\_ No
- Where is the animal now? \_\_\_\_\_
- Vet & Phone # \_\_\_\_\_

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- 
- Please list two references that do not live with you.

- Name \_\_\_\_\_
- Relationship \_\_\_\_\_
- Reference Phone \_\_\_\_\_

- Name \_\_\_\_\_
- Relationship \_\_\_\_\_
- Reference Phone \_\_\_\_\_

- How did you hear about our shelter?  
\_\_\_\_ Adopted Before \_\_\_\_ Television \_\_\_\_ Special Event \_\_\_\_ Radio \_\_\_\_ Friend  
\_\_\_\_ Website \_\_\_\_ Petfinder Other \_\_\_\_\_

**Please read the information below carefully before signing the application.**

Foster Care Waiver of Liability

In consideration of NAS accepting or denying my application for participation in the Foster Care Program, I agree to release and hold NAS harmless from and against any and all loss, damages, claims, liability, cost and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements. I hereby assume full responsibility for any risk of bodily injury, death, or property damage arising out of or relating to the activities whether caused by the negligence of the released parties or otherwise.

I further agree to indemnify NAS for any of the foregoing asserted by any third party, including, but not limited to, other individual residing at my home, to the extent that any of the foregoing arise from or are occasioned by my participation in the Foster Care Program.

I understand that when I care for NAS animals in my home, I am doing so strictly as a volunteer. Thus, I will not expect to make claim for wages in return for my services.

I agree that NAS may photograph my participation in this program, and I hereby release any such photographs to NAS for use in its programs, publications, and purposes.

I have read this agreement of release and waiver of liability, assumption of risk and indemnity, fully understand its terms, and I understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability of the greatest extent allowed by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_