



Foster care application and agreement

Welcome to New Beginnings Animal Shelter! You are joining a dedicated group of people working directly to help homeless animals. We value your contribution to our group whether you foster one animal or dozens of animals over time.

Date: _____

Name: _____ Age (must be over 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Email Address: _____

If there are children living in your household, what are their ages: _____

What do you prefer to care for (please check all that apply):

- | | | |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Adult Cats | <input type="checkbox"/> Kittens | <input type="checkbox"/> Nursing Mom with Kittens |
| <input type="checkbox"/> Adult Dogs | <input type="checkbox"/> Puppies | <input type="checkbox"/> Nursing Mom with Puppies |

Do you currently have pets: Yes No Number of: Cats___ Dogs___ Other___

Are they current on rabies vaccinations: Yes No Boosters: Yes No

Please circle any diseases your household pets may have had: Parvo, Distemper, Feline Leukemia, FIV

Other: _____ When: _____

Do you have an outdoor enclosed area: Yes No How high is the barrier: _____

Where will your foster animals be housed: _____

How long are you willing to foster an animal or litter: _____

I agree that my services as a Foster Care Provider are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from New Beginnings Animal Shelter (NBAS) for my foster care of animals.

I agree to provide foster care in strict compliance with the policies and procedures of NBAS. This includes, but is not limited to:

- ✔ Providing adequate food, water, shelter, safe containment, and humane treatment for the animal (s) at all times.
- ✔ Providing medication and veterinary care when needed at the expense of NBAS and with their approval beforehand and with a veterinarian of their choice.
- ✔ Monitoring the animal (s) and providing proper care and socialization.
- ✔ Notifying NBAS immediately of any major change in the foster animal's health or if the animal becomes lost.

- ☛ Notifying NBAS immediately if foster will be out of town for more than 24 hours when alternative foster care will be needed.

Please write your initials on the line to the left of each paragraph after you have read it.

_____ NBAS reserves the exclusive right to determine the proper course of action to take upon notification by the foster parent of any inability to comply with this agreement.

_____I understand and agree that the fostered animal(s) are the exclusive property of NBAS. This agreement transfers no ownership rights.

_____I understand that the length of my fostering responsibilities will be a minimum of two weeks and will continue until the animal's adoption is approved by a chosen representative of NBAS.

_____I understand that all foster animal(s) must be scheduled for needed medical treatment (altering, vaccinations, testing, etc) at one of the NBAS approved veterinarians and appointments made by the President or Director of Animal Welfare for NBAS.

_____I will respect NBAS's decision to determine whether a foster parent can adopt a foster animal.

_____I will agree to vaccinate my own animals against the following diseases before fostering:

☛ Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); Rabies; and are free of parasites.

☛ Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster); Feline Leukemia; and are free of parasites.

_____I understand no reimbursement by NBAS will be given to me regarding any expenditure which I incur for the care and treatment of the foster animal(s) that was not approved in advance.

_____I understand if a foster animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering. A NBAS approved veterinarian will determine the length of time necessary before fostering any animal again in the foster provider's home.

_____I understand that if I rescue an animal from my local area, NBAS will help when it can, but the ultimate responsibility is mine and not that of NBAS.

_____I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case, NBAS shall take immediate possession of the fostered animal(s) or when a new foster home is located.

Indemnity

_____I agree to release, discharge, indemnify and hold harmless NBAS, including its agents and/or employees, for any personal injuries or damages to property or pets caused by the foster animal(s).

_____I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless NBAS, its agents, volunteers, and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

I have received, read and understand the Foster Care Guidelines provided by NBAS.

Foster Care Provider Signature

Date

Signature of NBAS Staff or Board

Date