Foster Care Application

PERSONAL DATA

NAME ____________________________________________

ADDRESS ____________________________________________

CITY ____________________ STATE ____________ ZIP __________

PHONE (H) ____________________ (W) ____________________ (C) __________

Email ____________________________________________

Do you live in a: House Duplex/Town home Apartment Mobile Home Dormitory

Do you: Rent Own

Landlord’s name ____________________________________ Phone # ____________________

Does your lease allow pets? Yes No

Do you have a securely fenced in yard? Yes No Describe __________________________

Do you have screens on your windows? Yes No

How many adults are in the household? ________ Children? ________ Ages? ________

Have they handled animals before? Yes No

Do you or any members of your household have any allergies to animals?

DOGS Yes No

CATS Yes No

OTHER Yes No (please specify other) ____________________________

If yes, how will you cope with them? ____________________________

GENERAL INFORMATION

How did you hear about the Foster Care Program? ____________________________

Would you permit a MCPAWS Regional Animal Shelter Foster Program Representative to visit your home? Yes No

Have you attended any formal animal care or training classes? Yes No

If yes, when and where? ____________________________
Have you ever administered medication to a dog or cat before?  Yes  No
Can you attend scheduled meetings or an occasional training session related to the Foster Program?  Yes  No  If no, why not? ___________________________________________
What pet supplies do you have? (crate, litter pan, grooming tools, etc.) __________________________

PERSONAL PET INFORMATION

Do you have any pets now?  Yes  No  How many? __________________________

Please list current pets

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<th>Name</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>Spayed/Neutered</th>
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What is the name of your veterinary 'hospital? __________________________
May we contact your veterinarian?  Yes  No
Do your pets have any behavioral problems or chronic illness?  Yes  No
Explain: __________________________________________________________
Are your pet’s immunizations current?  Yes  No
Where do your pets stay in the house? __________________________
If you have no pets now, have you had pets before?  Yes  No
If yes, where are they now? __________________________
How many hours a day are animals left alone? __________________________

FOSTER INFORMATION

How many days/weeks can you foster an animal? __________________________
How much time daily would you have for your foster animal? __________________________
Describe areas where foster animal will be housed and cared for: __________________________
How will you segregate the foster animals from your own pet? __________________________
What are the care arrangements when you are not home? __________________________
What behaviors are you unwilling to work with? __________________________
What kind of animal(s) are you prepared to foster? (Please circle all that apply)

- Mother Cat with kittens
- Mother Dog with puppies
- Litter of orphaned kittens
- Litter of orphaned puppies
- Dogs with Behavior Issues
- Cats with Behavior Issues

Injured: Adult Cats       Adult Dogs       Puppies/Kittens       Small Animals

Ill:                    Adult Cats       Adult Dogs       Puppies/Kittens       Small Animals

Other: (list) ________________________________________________________________

Do you have any experience training and working with dogs or cats with behavioral issues?

Yes  No  Describe _____________________________________________________________

By signing, I affirm that I am 21 years of age or over and the information contained on this form is true to the best of my knowledge. I give permission to MCPAWS Regional Animal Shelter to verify any of the information given. I understand that the Foster Care Coordinators may approve or deny my acceptance into this program based on this or other information.

Volunteer Signature ____________________________  Date ____________________________
OUR FOSTER PARENTS ARE ASKED TO:

Give your foster animal lots of attention and affection:
   The animal may have lived a difficult life before coming to your home. Your love and attention will help heal the animal’s psychological wounds.

Learn as much as you can about pet care.
   Before you bring your foster animal home, learn as much as you can about caring for that particular type of animal. Read about feeding, grooming, and training. Study warning signs that may indicate the animal needs veterinary attention.

Keep your pets up to date on their vaccinations.
   All animals should be current on vaccinations that protect them from diseases. Before you bring home a foster animal, consult your veterinarian to make sure your own animals have received the preventive treatment they need to keep them safe.

Keep foster animals away from your own pets, at least initially.
   A foster pet may come into your home harboring contagious diseases, in spite of our best efforts. Even though your pets are vaccinated against many diseases, it’s a good idea to keep the foster animal away from your pets for at least a week as an added precaution.

Keep an unaltered foster animal away from any other unaltered animal of the same species.
   We must work together to address the problem of pet overpopulation by keeping unaltered animals protected from the possibility of procreating.

Make your home pet-friendly and protective.
   Before you bring your foster animal home, make sure you have “pet proofed” your home. For example, remove poisonous plants and protect furnishings. Keep the animal’s room warm and comfortable. Take steps to prevent the animal from escaping by providing a fenced outdoor area.

Plan on setting aside time to focus on your foster animal.
   Foster animals, especially puppies and kittens, can be very time-consuming and demanding. All foster animals need time and attention from those who are caring for them.

Understand that some foster animals will not survive.
   Many animals that arrive at the shelter come from unknown backgrounds. Despite your best efforts, the animal you foster may develop a severe illness that cannot be treated. Do the best you can to help the animal, but accept the fact that you cannot save them all.

Recognize your limits.
   Fostering requires a great deal of time and energy, both emotional and physical. Don’t overextend yourself by fostering animals too frequently or you may burn yourself out.
Release of Liability

Release Executed on this ____ day of ________, 201__,
by:
First name: ________ Middle initial: ____ Last name:______________________________

Hereinafter referred to as Releasor.

Address:______________________________________________________________
Date of birth:__________________________________________________________
Driver’s license number: ________________________________________________

MCPAWS, Inc., its directors, officers, agents, managers and members shall hereinafter be referred to as “MCPAWS.”

I, Releasor, for good and valuable consideration, do hereby release, waive and discharge MCPAWS, of and from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries know or unknown, death, property theft or property damage resulting or to result from any incident that may occur as a result of Releasor’s performance of any act or service on behalf of MCPAWS or any activities in any way connected with the performance of such act or service, whether by the negligence of MCPAWS or Releasor, or not.

MCPAWS assumes no responsibility or liability for the actions of Releasor in performing or failing to perform any act or service on behalf of MCPAWS. Neither does MCPAWS warrant or guarantee the quality of services performed by Releasor.

Nothing in this release, or any other act or transaction between MCPAWS and Releasor, shall be construed to create between MCPAWS and Releasor a partnership, joint-venture, agency or employer/employee relationship.

Releasor expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Idaho, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital.

Releasor further states they have carefully read the foregoing release and know the contents thereof and sign this release as their own free act.

In witness whereof, Releasor has executed this release the day and year first above written.

RELEASOR:  _________________________________________________________________

This application was reviewed by:

____________________________________  ____________________________
Name                                      Date

[ ] Accepted [ ] Denied