



# Foster Application and Agreement

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*First* *Last*

Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you own or rent your residence at the address provided?      OWN      RENT  
     

If renting, please describe animal restrictions: \_\_\_\_\_

I currently live with (check all that apply):      CAT(S)      DOG(S)      OTHER PETS      List Other: \_\_\_\_\_  
           

What are your pet's ages, gender, and indoor/outdoor access? \_\_\_\_\_

Are all animal's vaccines current?      YES      NO  
     

Are all animals spayed/neutered?                  If no, please explain: \_\_\_\_\_

List any other residents in your home: \_\_\_\_\_

Have you fostered an animal before?      YES      NO  
     

If yes, for what organization(s)? \_\_\_\_\_

What type of animal(s) would you like to foster?:

	YES	NO
Young unweaned kittens without a mom .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous experience with this? .....	<input type="checkbox"/>	<input type="checkbox"/>
Young unweaned kittens with mom.....	<input type="checkbox"/>	<input type="checkbox"/>
Weaned kittens (4+ weeks old).....	<input type="checkbox"/>	<input type="checkbox"/>
Adult cats .....	<input type="checkbox"/>	<input type="checkbox"/>
Sick or injured cats/kittens .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable giving oral and/or eye medications?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience giving vaccinations or subcutaneous injections to animals?.....	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a room in your home in which you can keep foster animals separate from other pets for their initial quarantine period?           

Are you able and willing to transport your foster animal within a 20 mile radius of your home for vet appointments, or to meet with TCR volunteers?           

If yes, describe your typical availability (times/days of the week): \_\_\_\_\_

I, \_\_\_\_\_, make the above statements truthfully and voluntarily enter into this agreement to provide my home and care, on an as-agreed-to basis, as a foster caregiver to any animals Tumbleweed at Rescue (TCR) may temporarily place in my care.



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Additionally:

- I agree that I am over 18 years of age, and will be the primary foster caregiver.
- I agree to provide a TCR representative access to all parts of my home for a home inspection, if needed, before my application to foster is approved and/or at any time while in possession of a TCR foster animal. Furthermore, fosters shall be kept indoors, except during transport in a suitable carrier.
- I agree that I am fostering animals for TCR, and that I do not have any right of ownership over my foster animal.
- I understand that TCR provides no guarantee as to the health of my foster animal and that my foster animal may have undiagnosed medical needs and/or socialization problems; Foster animals may carry transmittable and communicable diseases or pests. I will be given as much information as possible about the animal, but some issues are often unknown and I will help provide information to TCR that could be relevant to diagnosis of existing or developing conditions. I fully understand that as a part of my volunteer work for TCR I will contact animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury and pathogen exposure, and that it is possible I may be bitten and/or scratched.
- I understand that any needed veterinary care will be authorized, arranged, and paid for by TCR. Any medical concerns need to be brought to their attention immediately. I will provide medical care as advised by TCR, or their selected veterinarians, or will return the foster animal to TCR so they can provide the care if it is beyond my abilities and/or time allowance.
- I agree to contact TCR with all questions or concerns about my foster animal as well as with updated contact information, as needed, and to immediately return any foster animal in my care to TCR at their request, at any time and for any reason.
- I have read and understand the additional foster guidelines information provided.
- If at any point I can no longer, or do not want to continue to, foster an animal, I agree to contact TCR and arrange to return the animal in a timely manner. I will not transfer possession or custody of my foster animal to any other person at any time unless given permission from a TCR representative.
- I understand that adoptability decisions and adoption approvals are determined by TCR.
- I agree that if I refuse or fail to comply with any provision of this agreement, TCR has the right to terminate this agreement and has the right to the immediate recovery of my foster(s).
- I understand it is my responsibility to request food, litter and other non-medical supplies prior to delivery of a foster animal, and/or as-needed with 2 days notice. However, if TCR cannot supply these items due to insufficient notice, I will use my personal funds to cover supplies in the interim. If I elect to make purchases for a foster animal, unless authorized in advance, I understand that I will not be entitled to reimbursement.
- I acknowledge and understand that as a volunteer and foster with TCR, all residents and visitors to my home are not covered by workers' compensation or any other insurance policy through TCR for any damages or injuries I may sustain during volunteer and fostering activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- My signature to this agreement attests to my intent to hold harmless and release from all liability TCR or any past, present or future officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, fax, or any electronic means, is valid as if it were an original.

I have read this application and agreement in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful, under penalty of perjury under the laws of the State of Washington.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_