

Kitten Foster Volunteer Application

Animal Protection Society of Durham
2117 East Club Boulevard, Durham NC 27704



Phone: (919) 560-0640 Fax: (919) 560-0643

WWW.APSOFDURHAM.ORG

Applicant Information

Name: _____ Date: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone (home) _____ (work) _____ (cell) _____
Email: _____ Birth Date: _____
Employer: _____ Position: _____
Drivers License #: _____ Drivers License State: _____
Are you a student? Not a Student High School College (Undergrad) College (Grad)

Family Information

Spouse's Name: _____ Spouse's Employer: _____
List names and ages of members of household: _____

Housing Information

You live in a...*(check one)* House Apartment Townhouse Duplex Condo Mobile Home Other
You... *(check one)* Own Rent Live with parents
Landlord's Name: _____ Landlord's Phone: _____
Where do you plan to keep your foster? _____
How many hours a day will your foster be alone? _____ Where will your foster be kept when alone? _____

Pet Information

Name of your Veterinarian or Clinic: _____ Vet Phone #: _____
List all of your **current** pets: *(use additional sheet if needed)*

Dog	Cat	Other	Lives In or Out	Spayed/Neutered	Name	Breed	Age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			

List your **previous** pets: *(use additional sheet if needed)*

Dog	Cat	Other	Lives In or Out	Spayed/Neutered	Name	Breed	Age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Foster Information

Why do you want to foster? _____
Will you be the primary caretaker of your foster(s)? _____
Are there any factors that may limit your foster work? _____
Will you be able to commit to fostering for at least six months? _____
Tell us about your foster experience: _____
Have you fostered for any other organizations? _____
Have you volunteered for any other animal welfare organizations? _____
Are you interested in fostering nursing moms? _____
Are you interested in fostering kittens who need bottle feeding? _____
Are you interested in fostering 4 – 8 week orphaned kittens? _____
Comments: _____

By my signature, I certify that I have given accurate, correct information and that information is subject to verification. I understand that the APS reserves the right to refuse adoption or foster for any animal. I also understand that by submitting this form it becomes property of the APS of Durham and will not be returned to me.

Signature: _____ Date: _____

Animal Protection Society of Durham Foster Care Agreement and Waiver

It is hereby agreed and understood between the Animal Protection Society of Durham (APS) and the undersigned Foster Care Volunteer :

APS agrees:

1. To identify animal(s) in need of foster care, and to grant possession of the animal(s) in need of foster care to the foster care volunteer.
2. To provide the foster care volunteer with the necessary information about the animal(s), including both medical condition and known behaviors, which will assist them in the proper care of the animal(s).
3. To maintain accurate records of the animal(s) in foster care.
4. To retake possession during regular business hours if the foster care volunteer needs to return the animal(s).
5. To examine the animal(s) for illness, injury and temperament prior to placing the animal(s) with a foster care volunteer.
6. To make management/medical staff available, upon a reasonable request, in the event of a health concern, emergency, or behavioral concern.
7. To provide assistance in placing the animal(s) into an approved, permanent home.

Foster care volunteer agrees:

1. The animal(s)' known behaviors have been discussed with the foster care volunteer; however, an animal's behavior is not completely predictable. The foster care volunteer expressly waives the right to hold APS liable for any behavior problem, damage to person or property, or other incident that may occur at any time or place with the animal.
2. I understand that all animals have received an initial physical examination and inoculations. The foster care volunteer expressly waives the right to hold APS liable for the transmission of any disease or other medical condition, including but not limited to rabies or parasite infestation, to the foster care volunteer's pets. A record of an animal's known medical history will be available at request.
3. To assume full responsibility for the care and management of any animal while it is under his/her exclusive control. APS is not responsible for any actions of the animal while in the care of the foster care volunteer.
4. To allow for inspection of the premises upon which the fostered animal(s) will be maintained. This inspection is for the purpose of determining the suitability for care and maintenance of the animals being fostered.
5. To provide appropriate food, clean water and exercise daily, and to maintain good animal husbandry, which meets, or exceeds all minimum standards as defined by local health and sanitation authorities, and the APS, for all animals in their care.
6. To at all times, adequately and safely confine the fostered animal(s) so that the fostered animal(s) does not wander or stray.
7. To inform the APS of any changes occurring in the foster care volunteer's address, telephone number or other contact information.
8. To allow the APS to view the fostered animal(s) at any reasonable hour during the period of foster care to determine the health and well-being of the fostered animals.
9. To contact the APS before seeking any veterinarian care for the foster animal(s). Upon contacting the APS, management will arrange to provide care at the shelter or coordinate treatment with a local veterinarian. In the event the Foster Home seeks veterinarian care without prior authorization all costs occurring from that visit will be paid by the Foster Home. Additionally, the foster committee/management will review the situation and this agreement may be terminated.
10. To give my permission for an agent of APS to remove an animal belonging to the APS from my premises, and entry shall not constitute a trespass upon the premises occupied.
11. To pay the costs, including attorney's fees, of APS if action must be taken against the foster care volunteer or his/her representative to enforce any of the terms of the Foster Agreement.
12. To follow all requirements and provisions set forth by the foster committee now and in the future.
- 13. That the APS is the true custodian of the fostered animal(s) and to permit the APS to retake possession of the fostered animal(s) at any time and for any reasons, which may include euthanasia.**

I, the undersigned, understand that the fostering of a pet animal carries with it certain risks, including, but not limited to, the transmission of diseases including but not limited to rabies; transmission of parasite infestation; animal bites, scratches or attacks to humans or other animals, which may result in serious bodily injury and even death; and damages to personal property.

I, hereby assume all risks associated with fostering a pet animal from Animal Protection Society of Durham (APS), including, but not limited to, the transmission of diseases including but not limited to rabies; transmission of parasite infestation; animal bites, scratches or attacks to humans or other animals, which may result in serious bodily injury and even death; and damages to personal property all such risks being known and appreciated by me.

Having read this release and knowing these facts, and in consideration of APS allowing me to foster a pet animal, I, for myself, my heirs, assigns and anyone else entitled to act on my behalf, do waive, release and hold harmless APS and its affiliates, and their respective directors, officers, and employees, or their successors, from all demands, causes of action, judgments, expenses or losses and claims of liabilities of any kind, including injury or death (the "Claims"), arising out of my fostering a pet animal through APS, even though such Claims may arise out of negligence or carelessness on the part of such entities/persons.

I further agree to indemnify APS for any of the foregoing asserted by any third party, including, but not limited to, other individuals 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.

Volunteer Signature _____ **Date** _____ **APS Staff Signature** _____ **Date** _____