



# PAWS-itive Options Foster Volunteer Application

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact you at work?  Yes  No

Are you a current ASRI or WHCP volunteer?  Yes  No

Do you live in:  House  Apartment How long have you been at this address? \_\_\_\_\_

Do you :  Own  Rent/Lease  Yearly  Monthly

If you rent, what is your landlord's name? \_\_\_\_\_

What is the name of the complex? \_\_\_\_\_

Pet Policy? \_\_\_\_\_

Do you have children?  Yes  No Ages \_\_\_\_\_

Who will be the primary caretaker of the foster animal(s)? \_\_\_\_\_

What hours will the caretaker be home? \_\_\_\_\_

Do you have any other dogs or cats in the home now?  Yes  No

If yes, please complete:

| Breed   | Age | Sex | Altered | Pet's Name | Date last vet visit | Reason for visit |
|---------|-----|-----|---------|------------|---------------------|------------------|
| Dog/Cat |     | M/F | Yes/No  |            |                     |                  |
| Dog/Cat |     | M/F | Yes/No  |            |                     |                  |
| Dog/Cat |     | M/F | Yes/No  |            |                     |                  |
| Dog/Cat |     | M/F | Yes/No  |            |                     |                  |
| Dog/Cat |     | M/F | Yes/No  |            |                     |                  |
| Dog/Cat |     | M/F | Yes/No  |            |                     |                  |

Other Pets: \_\_\_\_\_

Have you had any other pets in the last five years?

If yes, complete:

| Breed | Age | Pet's Name | Year | Disposition |
|-------|-----|------------|------|-------------|
|       |     |            |      |             |
|       |     |            |      |             |
|       |     |            |      |             |
|       |     |            |      |             |
|       |     |            |      |             |

Is your yard completely fenced?  Yes  No

Are there any factors that may limit your foster work?

Veterinarian: \_\_\_\_\_

May we call your veterinarian for a reference?  Yes  No

Have you ever cared for:  Young puppies  Young kittens  Injured Dog  Injured Cat

Do you have an area in your house to confine foster animals?  Yes  No

If so, where? \_\_\_\_\_

Where will the foster animals be when no one is at home? \_\_\_\_\_

Where will the foster animals sleep? \_\_\_\_\_

Are you willing to let members of PAWS-itive Options visit the animal in your home?  Yes  NO  
\*For example to take digital pictures for PetFinder.com website and ASRI website.

We may have foster animals adopted directly from foster homes:

Can a prospective adopter call you regarding your foster animal?  Yes  No

Can they visit your home to see the animals?  Yes  No

Can you drive your foster to pick them up from adoption events?  Yes  No

References:

1. Name/Phone number: \_\_\_\_\_

2. Name/Phone Number: \_\_\_\_\_

3. Name/Phone number: \_\_\_\_\_

Please indicate below what you would be willing to foster? (\*approx length of time indicated)

- Sick/Injured cat, indeterminate amount of foster care (from one week to three months)
- Young kittens (from two to four weeks)
- Young puppies (from two to four weeks)
- Mother cat and nursing kittens (from six to eight weeks)
- Mother dog and nursing puppies (from six to eight weeks)
- Sick/injured dog, indeterminate amount of foster care (from one week to three months)
- Adult dog that needs socialization (indeterminate length of time)
- Adult cat that needs socialization (indeterminate length of time)
- Adult dog that needs a break from shelter situation (indeterminate length of time)

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ agree that all information which I have given above is correct and authorize PAWS-itive Options to verify any information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Foster orientation attended: \_\_\_\_\_

Vet Check; \_\_\_\_\_

Home Check: \_\_\_\_\_

As a foster parent you will be require to keep your foster dog(s) on a leash or enclosed (within a fence adequate for the animal or in a home) at all times. Foster cats must be kept indoors at all times. By initialing below, you acknowledge that you will abide by these provisions:

Initial \_\_\_\_\_

As a foster parent, you may have an animal in your care for a short period of time (1 week) or an extended period of time (as many as three months or more). This will frequently be determined when you receive an animal to be fostered. However, this amount of time is subject to change depending on circumstances of PAWS-itive Options foster network. If you know that you will be on vacation during the period of time your are being asked to foster, you are obliged to inform PAWS-itive Options as such. This will allow us to find the most suitable temporary accommodations for the foster animal.

All new foster parents must attend a foster orientation. You will be contacted in regards to the date, time, and location of this orientation. Additionally, while you are caring for foster animals,

we may call you from time to time to check on the animals' progress and address any concerns you may have.

By signing this form, you agree to the above statements and certify that the answers given above are true:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Waiver of Liability-Foster Volunteer**

**The undersigned acknowledges that he/she will be performing certain volunteer services for PAWS-itive Options, a Massachusetts non-profit organization. Such volunteer services include, but are not limited to, performing foster animal care services for PAWS-itive Options. The undersigned further acknowledge that certain risks may be associated with such volunteer services.**

**In consideration of being permitted to perform such volunteer services for PAWS-itive Options, the undersigned voluntarily and knowingly executes this waiver with the express intention of waiving any and all rights, claims or causes of action involving, without limitation, bodily injury or property damage to the undersigned, to his/her family members and to their domesticated pets resulting from the undersigned's performance of the volunteer services contemplated herein, whether caused by the negligence of PAWS-itive Options or its officers, directors, agents and employees.**

**Further, the undersigned shall indemnify, defend and hold harmless PAWS-itive Options and its officers, directors, agents and employees from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against PAWS-itive Options its officers, agents or employees, jointly or individually, for bodily injury or property damage suffered as a result of the undersigned's negligent, reckless or willful action the performance of the volunteer services contemplated herein or as a result of the failure to perform the volunteer services contemplated herine.**

**Witnessed by; \_\_\_\_\_**

**Signed: \_\_\_\_\_**

**Dated: \_\_\_\_\_**