 S.N.I.P.

FOSTER CARE APPLICATION & AGREEMENT

Date: Name:

Are you over 18 years old? Yes No

Address: City: \_ Zip:

Home Phone: ( )

Work Phone: ( ) \_

Cell Phone: ( ) \_

E-Mail:

Do you own or rent the place where you live: \_ if you rent, are animals allowed: If there are restrictions on animals, explain:

If you rent or reside in another person's home, provide their name and telephone number:

Number of children in your household: \_

Their ages:

Do you have a yard: Yes No Is the yard completely fenced: Yes No

Circle option that describes your normal day: Home all day out part-time gone 7-10 hrs. daily Indicate pets currently living with you: Dogs Cats \_Birds Other Name of your veterinarian: Are your pets: Indoor only Outdoor only Both

Are your pets current on their vaccinations: Are all your pets spayed and/or neutered: Yes No If no, please explain:

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

|  |  |  |
| --- | --- | --- |
| * Young unweaned kittens without a mom
 | Yes | No |
| * Young unweaned kittens with mom
 | Yes | No |
| * Weaned kittens
 | Yes | No |
| * Adult cats
 | Yes | No |
| * Young unweaned puppies without a mom
 | Yes | No |
| * Young unweaned puppies with mom
 | Yes | No |
| * Weaned puppies
 | Yes | No |
| * Adult dogs
 | Yes | No |
| * Sick or injured pets
 | Yes  | No  |

Have you cared for young, un-weaned puppies or kittens before: Yes No

If yes, explain: HAVE you ever given medication to sick animals before: Yes No If yes, explain:

Are you willing to provide food and litter at your own cost for foster pets: Yes No

Have you fostered an animal before: Yes No If yes, what organization did you foster for:

How long are you willing to foster at any one time: Are you willing to foster more than one animal at a time: Yes No

Any foster pet you take needs to get along with: \_dogs cats kids

How will the foster pet receive exercise: Where will the foster pet be kept [indicate "day" with a "D" and "night" with an "N":

 Loose Indoors

 Basement

 Garage

 Closed in a room

 Fenced yard

 Pen

 Loose outdoors

 Tied outside

 Crate or Carrier Other:

FOSTER CARE AGREEMENT

I, [name of foster applicant] make the above

statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to any animals SNIP. may temporarily place in my care.

* I agree to provide a SNIP. representative access to all parts of my home and property for a home inspection before my application to foster is approved.
* I understand that I may be required to provide foster care to my foster animal for an extended and indefinite period of time.
* I understand the potential for contagious illness is high in animals. Therefore, I agree not to mix any of my foster animals or animals from more than one litter unless approved by SNIP.
* I also agree not to foster animals from any other organization while I am fostering for SNIP, unless granted specific approval by SNIP.
* I agree that I am over 21 years of age.
* I understand that SNIP. provides no guarantee as to the health of my foster animal and that my foster animal may have medical needs, socialization problems, and may not be housebroken. I understand that SNIP will take every precaution to ensure that any animal(s) I foster are reasonably healthy and that any known health problems will be disclosed to me prior to my taking the animal into my home, but SNIP cannot be held responsible for any unforeseen health problem that may develop after the animal(s) is/are in my care. I understand that SNIP may require me to return my foster animal(s) to the shelter to assess or treat any health problem.
* I agree to provide adequate, positive socialization for any animal(s) fostered by me to help ensure their temperament will be as sound as possible. I also agree, when requested, to give a progress report to SNIP.
* I assume responsibility for any events that occur in connection with my fostering of an animal for SNIP. I understand the possibility of my children or others being bitten, scratched, or contracting disease does exist. I agree to be responsible for my children and anyone else handling any animal(s) fostered by me in a safe and hygienic manner, and will not hold SNIP responsible for any injuries that may result from my failure to do so. I AGREE TO NOTIFY A SNIP REPRESENTATIVE IMMEDIATELY OF ANY BITES THAT BREAK THE SKIN that occur to any person or animal while any foster animal is in my care.
* I agree to provide my foster animal with veterinary care as authorized by SNIP. I will not

arrange or pay for any elective veterinary care for my foster animal without the express consent of an authorized SNIP representative

* I will not allow any foster dogs or puppies to have any unsupervised off-leash time. I will provide a kennel, crate and/or securely fenced yard for their safety. I will not allow foster cats or kittens to go outside at any time except to transport them to and from the shelter or to a veterinarian, if needed. I agree to transport any foster cats, kittens, puppies and small dogs in a sturdy carrier. I agree to transport any foster animal(s) in an enclosed vehicle only, and I will not allow them to ride in the bed of a pickup or a convertible.
* I will take all necessary precautions to prevent my foster animal from either impregnating another animal or becoming impregnated. In the event that happens, I will notify SNIP immediately.
* I understand that I may only have my foster animal temporarily.
* I agree that I am fostering this animal for SNIP, and that I do not have any right of ownership over my foster animal. I further agree that SNIP’S rights in and to my foster animal are superior to mine. I also agree to provide a SNIP representative access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.
* I agree to immediately return any foster animal in my care to SNIP at the request of its

authorized representative at any time and for any reason. If SNIP is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify SNIP for all court costs and attorneys' fees connected with such an action.

* If I am planning to move at any time during the period when I am housing a foster animal, I agree to contact SNIP prior to my move and provide SNIP with my new contact information. I

understand that SNIP has the right to request return of my foster animal based on my change of residence, and agree that I will surrender my foster animal to SNIP immediately upon re- quest.

* I agree to bring any animal(s) fostered by me to the shelter for exams, vaccinations, weight checks, or other reason deemed necessary by SNIP at a mutually agreed upon date and/or time.
* I understand that as long as I provide foster care to my foster animal to SNIP satisfaction, I will be given the first right of adoption of my foster animal, at such time as SNIP decides to place my foster animal for adoption.
* If at any point I can no longer, or do not want to continue to, provide care and shelter for my

foster animal, I agree to contact SNIP and arrange for surrender and return of my foster animal back to SNIP.

* I will not transfer possession or custody of my foster animal to any other person at any time,

except for temporary, short-term possession for the purpose of vet care, grooming, etc.

* I agree to contact SNIP with any and all questions or concerns about my foster animal or the Foster Care Program as well as with updated contact information.
* I agree that if I refuse or fail to comply with any provision of this agreement, SNIP has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animal(s). I further consent to provide S.N.I.P. access to my premises if necessary, to facilitate the return.
* I agree that the opportunity given to me to help rehabilitate my foster animal, as well as the chance of a potential future adoption, is of significant benefit to me, and serves as proper legal consideration in exchange for my agreement to the terms of this contract.

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 Indiana.

Signature Date

Printed Name

**Return Application and Agreement to:**

**S.N.I.P.**

218 EXECUTIVE COURT

YREKA, CA, 96097

**For S.N.I.P use only:**

**Approved:**

**Yes**

**No**

**Staff Initials:**

**Date:**

**COMMENTS:**