



**DOT'S FRIENDS
FOSTER PARENT APPLICATION**

Welcome to Dot's Friends! We are glad you have come to foster a pet from our rescue.

The following information is requested so that your foster counselor can assist you in the matching of a foster pet. The animal's welfare is our foremost consideration.

The animals came here from a variety of sources. All animals are examined upon entry, and their health and behavior are routinely monitored while at the rescue. However, there is always a chance that an animal is incubating a disease without showing any clinical signs, or that an animal could have behavioral issues that are not immediately apparent.

CLIENT INFORMATION

Name _____ Date _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____ Driver's License No. _____ State _____

ANIMAL INFORMATION:

Name _____ Animal ID No. _____ Breed _____

Sex: Male Female Neutered/spayed? Yes No Age _____

If the animal you are interested in is not available or is not a good match for your lifestyle, please list the activities you'd like to do with your pet and indicate the energy level and drive level you are interested in:

1. Are you 18 years of age or older? YES NO
2. Do you rent or reside in another person's home? YES NO If so, do they allow pets? YES NO
 - a. Owner or Property Management: _____ Phone: _____
3. Number of adults in your household: _____ Names and Phone: _____
4. Number of children in your household: _____ Ages: _____
5. Do you have a yard? YES NO Is the yard completely fenced? YES NO
 - a. If no to either of the above, are you willing and able to take the pet out on a leash regularly for elimination and exercise? YES NO
6. Circle option that describes your normal day: Home all day Out part-time Gone 7-9 hrs Gone 10+ hrs
7. Do you currently have pets? YES NO Species & breed: _____

- a. Are your pets: ___ Indoor only ___ Outdoor only ___ Both
 - b. Are they current on their vaccinations? YES NO If no, please explain: _____
 - c. Are all your pets spayed/neutered? YES NO If no, please explain: _____
8. Have you owned pets in the last 5 years? YES NO Species & breed: _____
- a. Were they: ___ Indoor only ___ Outdoor only ___ Both
 - b. Were they current on their vaccinations? YES NO If no, please explain: _____
 - c. Were they spayed/neutered? YES NO If no, please explain: _____
9. What type of animal(s) would you like to foster? (Adult, young, neonate, sick, injured, etc.):
- a. Please list here: _____
 - b. Are you willing to foster more than one animal at a time? YES NO
 - c. How long are you willing to foster at any one time (2 weeks, until adoption, etc.): _____
10. Name of your Veterinarian: _____ Phone: _____
11. Where will the foster pet be kept?
- a. At night: _____ While you are home: _____ While you are gone: _____
12. IF NEEDED, are you willing to provide food and supplies at your own cost for foster pets? YES NO
13. Have you fostered an animal before? YES NO
- a. If yes, what organization did you foster for? _____

Disclosure:

Thank you again for your interest in fostering with Dot's Friends. If approved, you will need to complete an orientation to further learn about our foster program expectations and you will need to complete and sign a Foster Agreement.

Signing below, I certify that the above statements are true and correct to the best of my knowledge and if approved, will voluntarily enter into an agreement to provide a temporary home as a foster caregiver to any animals Dot's Friends may temporarily place in my care.

Applicant Signature: _____ Date: _____

Dot's Friends reserves the right to refuse to foster to anyone. No animal will be fostered to anyone who has a history of abandoning, abusing, or neglecting animals; or an extensive history of losing, giving away or selling animals, or having animals that were injured or killed by moving vehicles. No animal will be given to prospective fosters who mislead or fail to provide accurate information on the Foster Application or any other associated forms.

Return application & supporting documents to dotsfriendsrescue@gmail.com



**DOT'S FRIENDS
FOSTER PARENT LIABILITY WAIVER AND RELEASE**

I, _____ (print name) wish to provide foster services for the Dot's Friends Dog Rescue ("Dot's Friends"). I recognize that in handling animals and performing other foster and volunteer tasks a risk of physical injury exists including, but not limited to, severe injury including disease or death, that could be caused by the animals. I certify that I am in good physical health and do not have any health or medical conditions that would preclude me from fostering for Dot's Friends nor have I been advised to avoid fostering for Dot's Friends by a qualified medical professional.

In consideration of the permission granted to me by Dot's Friends to participate in this foster work, on behalf of myself, my heirs, personal representatives, and executors:

I ASSUME ALL RESPONSIBILITY AND RISK OF INJURY AND/OR DISEASE THAT MIGHT OCCUR TO ME OR MY PROPERTY AND AGREE TO WAIVE, INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND DOT'S FRIENDS AND ITS BOARD MEMBERS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS OR ACTIONS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY ME IN CONNECTION WITH MY FOSTER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY MY NEGLIGENT OR GROSSLY NEGLIGENT ACTIONS OR OMISSIONS OR THE NEGLIGENT OR GROSSLY NEGLIGENT ACTIONS OR OMISSIONS OF BOARD MEMBERS, OFFICERS, AGENTS, SERVANTS, FOSTERS OR EMPLOYEES OF DOT'S FRIENDS. FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO WAIVE, INDEMNIFY, HOLD HARMLESS, AND DEFEND DOT'S FRIENDS, ITS BOARD MEMBERS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS OR ACTIONS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS RESULTING FROM MY NEGLIGENT OR GROSSLY NEGLIGENT ACTIONS OR OMISSIONS WHILE PERFORMING FOSTER SERVICES.

I further understand and agree that as a foster, I am not a board member, officer, agent, or employee of Dot's Friends and that my service as a foster shall not be construed or interpreted as that of a board member, officer, agent, or employee of Dot's Friends, and that the doctrine of respondeat superior shall not apply between Dot's Friends and me.

NOTICE: I acknowledge my participation with the animal rescue involves animals whose actions are unpredictable. I understand I should use good judgment in handling animals only that I have been instructed or trained to work with. It is my responsibility to seek assistance from Dot's Friends staff should I have any questions or concerns about a particular animal. I hereby accept the limits of liability and inherent risks associated with working with any animals associated with Dot's Friends.

Printed Name: _____ Signature: _____ Date: _____

Signature of Dot's Friends Representative: _____ Date: _____