



# Foster Volunteer Application Form

Your Name:

Your Address:

Your Phone Number:

Your Email:


## 1. Which animals are you interested in fostering?

- |                         |                          |                         |                          |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Kittens                 | <input type="checkbox"/> | Puppies                 | <input type="checkbox"/> |
| Cats with kittens       | <input type="checkbox"/> | Dogs with puppies       | <input type="checkbox"/> |
| Injured cats or kittens | <input type="checkbox"/> | Injured dogs or puppies | <input type="checkbox"/> |
| Cat flu cats or kittens | <input type="checkbox"/> | Large breed dogs        | <input type="checkbox"/> |
| Adult cats              | <input type="checkbox"/> | Small breed dogs        | <input type="checkbox"/> |
| Bottle feeders          | <input type="checkbox"/> | Adult dogs              | <input type="checkbox"/> |

Name of landlord or rental agency

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Contact:

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## 2. Do you have any other pets at home?

Yes ☐ No ☐

If yes, please list below:

SPECIES	BREED	AGE	SEX	DESEXED
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Have your existing animals been vaccinated? Yes ☐ No ☐ N/A ☐

If yes, when?

4. Please list any special facilities for foster animals? e.g. cage for confinement or separate area in house such as a laundry or spare room.

5. Where will your foster pets be kept when you are at home?

6. Where will your foster pets be kept when you are NOT at home?

7. How many hours each day are you away from home?

8. Do you have children?

Yes ☐ No ☐

Number of children

Ages of children

9. Are you able to transport your foster animal to and from their Vet appointments?

Yes ☐ No ☐

10. How long are you able to foster the animals for?

☐ All year

☐ Christmas only

☐ Holidays only

☐ Specific period only - please indicate

# FOSTER VOLUNTEER AGREEMENT

RETURN THIS COPY TO SAAR

SAAR does not accept any liability for any direct or consequential damages arising out of this foster care agreement

1. The animal(s) shall remain the sole property of the SAAR trust.
2. The animal(s) shall be returned to the SAAR trust upon request, or if I am no longer able to adequately care for them.
3. I accept the SAAR trust may wish to inspect my property at any time.
4. Should the SAAR trust be concerned about the treatment or care of the fostered animals they will be removed from my possession.
5. I agree to transport the fostered animals to the shelter when required by the SAAR trust including attending veterinary appointments when necessary.
6. I understand that I do not have any right or authority to keep or place foster animal(s) in other homes or with other individuals. All arrangements must have the prior approval of, and be made through the foster co-ordinator.
7. I agree to provide food, water, shelter and TLC to the foster animal( s) and to follow all medical and other instructions.
8. I understand I must make arrangements with the foster co-ordinator before bringing the fostered animals in for treatment or to be returned.
9. I understand that all foster animals should be confined to areas away from my own pets for at least the first 10 days, especially for the same species.
10. I understand that many viruses have an incubation period of 7-14 days, and I understand that my own pets may be at risk of contracting a contagious virus. I accept that risk and the responsibility of treatment of my own pets if necessary, at my own expense. In the unfortunate circumstances that my foster animals contract a virus (such as parvo virus) I understand that I may have a stand down period of up to 12 months. Before re-joining the foster programme. This applies to cases such as parvo virus (dogs/puppies) and ringworm.
11. The SAAR trust does not accept responsibility for damages done to property by foster animal(s) and that if my own pet /s becomes unwell due to contact with the foster animal/s then I will not expect the SAAR trust to treat or to pay for my own pet/s vet bills.
12. I understand that in the event of illness or medical treatment needed for my foster animal(s), the SAAR trust veterinarians must be used.
13. I understand that in some circumstances the SAAR trust may decide that euthanasia is necessary, and I agree to abide by this decision.
14. I agree to not leave young children unsupervised with these animals.
15. I agree to return any food, supplies and equipment the SAAR trust on completion of fostering.
16. I understand I must call the Foster Co-ordinator before bringing my foster animal(s) in for adoption or treatment.
17. This contract will remain in force while I am fostering animals on behalf of the SAAR trust and it may be revoked at any time by either party.
18. I understand all time schedules for the return of foster pets are dependent upon space availability. I know that making 'room' for fostered animals could defeat the purpose of the entire programme and that sometimes this may cause delays in being able to return the animals to the SAAR trust.

I \_\_\_\_\_ Agree to and will abide by these conditions for the  
SAAR trust Foster Programme.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_