

FOUNDATION FOR THE CARE OF INDIGENT ANIMALS



(FCIA)

Dedicated to rescuing small dogs from the streets,
local shelters and unwanted homes



FOSTER HOME APPLICATION/AGREEMENT

(please print and complete in full)

Being a foster for FCIA is a rewarding experience as you are helping to save an animal's life.
We thank you for filling out our application and look forward to meeting you.

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Do you (*circle all that apply*) Own Rent House Condo Apt. Mobile Home
If you rent, do you have the landlords approval to have a pet (*circle one*)? Yes No
Do you plan to move in the next 12 months (*circle one*)? Yes No

If renting, give name and phone number of landlord: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Employer: _____ Work Ph: (____) _____

List other adults living in your home and their relationship: _____

Ages of Children at Home (*if applicable*): _____

Why do you want to foster? _____

What previous animal experience do you have? _____

Have you ever fostered an animal before (*circle one*)? Yes No
If yes, for whom? _____

Are you willing to interview prospective adopters and bring foster pet(s) to adoption sites (circle one)?
Yes No

How did you find out about the FCIA foster program? _____

TERMS OF THE FOSTER CONTRACT AND AGREEMENT

1. I represent that all of the answers provided in the above application are true and correct.
2. I understand that any animal(s) placed with me is for foster purposes and I am not the legal owner.
3. I consent to FCIA entering my residence to pick-up, reclaim and/or transport any foster animal(s).
4. I agree to return and deliver all foster animal(s) at appointed times for examinations, adoption events, and/or appointments.
5. I understand that I am responsible for obtaining medical treatment as needed for the foster animal(s) at the veterinarian designated by FCIA. Upon request, I will make the animal(s) immediately available for medical treatment by FCIA.
6. I hereby fully and completely release FCIA, its agents or volunteers from any claim, cause of action or liability, whether known or unknown, arising out of damage a foster animal in my care may inflict upon any person or property, for any illness of the animal, and for the transmittal of any illness or parasite to any other animal or person.
7. I understand a home inspection by FCIA will be required before beginning my foster care activity.
8. I am 18 years of age or older.
9. I understand and agree that FCIA is entitled to recover all costs and expenses incurred by it in enforcing the terms of this Contract, including attorney's fees and court costs.
10. In submitting this document, I hereby acknowledge that the information I have provided is true and correct.
11. I have read and understand the application and contract provisions.

(Applicant's printed name)

(FCIA Representative Signature)

(Applicant's signature)

(Date)