

**Mutts & Mittens**

**email: info@muttsandmittens.org**

**website: www.muttsandmittens.org**

**817-896-6137**

**FOSTER CARE APPLICATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be over 18)

Address:

*Street Apt.*

City: State: Zip:

Home Phone: Cell/Pager:

Employer: Occupation:

Work Phone: E-mail:

Your preference is to be contacted at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What type & how many pets do you have now? | |  | | | Are all vaccinations current? | Yes  No |
| Are all pets sterilized? | Yes  No | | If no, list reason: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you rent? | Yes  No | | If yes, name, address and phone of landlord: |  | | |
|  | | |
| Does your homeowner’s insurance policy cover animal related claims (e.g., bites, damage, etc.)? | | | | | Yes  No | |
| Names and ages of all household residents: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Do you have a fenced yard?  Yes  No  If so, what type and how high? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please check the types of animals you’re interested in fostering: | | | |
| Adult dogs  Puppies  Mother dog/litter | | | |
| Adult cats  Kittens  Mother cat/litter | | | |
| Special needs animals (recovering from illness/injury) | | | | |
| Other: |  | |
| Do you have experience medicating animals? | | Yes  No | | | |
| Where will you quarantine/isolate new fosters, if necessary? | |  | | | |
|  | |  | | | |
| Please list any additional training or experience you have relating to animal care below: | |  | | | |

I understand that I am assuming the liability for the care of the animals placed with me and will not hold Mutts & Mittens (M & M) or any of its members, associates or representatives liable for any injuries/incidents that may occur while the animal is under my care. I also acknowledge that, when providing foster care for M & M, I am acting as a volunteer. Further, I fully understand and agree to assume all risks involved in any and all duties that I perform for M & M in my volunteer capacity and I agree to hold them harmless for any injury(s) I, or any member of my family, household member or personal pet, might sustain during the course of my volunteer duties as foster caregiver. This waiver does include myself, all of my family/household members and descendants forever from seeking any legal action whatsoever against M & M or their representatives.

I understand that the foster care guidelines/agreement does not transfer ownership of the animal(s) to me and that the ownership of the animal(s) under my care remains with M & M. I also understand that this is a voluntary relationship and that either party may choose to end the foster care relationship. However, under no circumstances, will I abandon or neglect the animal(s) under my care. I realize I am responsible for any veterinary care I seek for this foster animal that has not been pre-approved by a member of the M & M Board of Directors. I will immediately return them to M & M prior to ending this relationship unless the animal has been adopted and I have been instructed to give the animal to the new adoptive family. If at any time I am requested to return the animal and I refuse to do so within 24 hours I will accept ownership of the animal and be responsible for any and all actions taken by the animal or on behalf of the animal effective from the time the request was made.

I certify that I agree to the above and have completed the M & M Foster Application (required.)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_