Rochester Animal Services Foster Application

Name _____ Date: _____

Address: _____

City Zip Code

Home Phone: _____Cell Phone: _____

Email Address: _____

Name & phone # of your vet: _____

How many adult in household: _____ Children & age _____

Are all adult members in household in agreement to fostering? _____

Who will be responsible for the pet? _____

Maximum # of hours pet will be left alone daily? _____

Any household members allergic to pets? _____

Do you rent or own your home? _____

If renting, Landlords name & phone number

_____

Do you own other pets? _____

Breed:_____ Age: _____ Sex:_____Fixed: _____

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Are you willing to socialize the pet & how?

_____

Do you have a fenced in yard? _____

Are you willing to agree to a home visit? _____

How long have you been a volunteer at RAS? _____(if staff, write STAFF)

Are you willing to give any medication if necessary? _____

TERMS & CONDITIONS:

1) I hereby acknowledge receiving the animal(s) stated below:
2) I understand that the animal(s) will at all times remain the sole property of Rochester Animal Services
3) I agree to provide the animal(s) good loving care, including at minimum adequate food, water & shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species & weight, adequate exercise and follow RAS regulations on transportation and veterinary care when needed to prevent suffering or disease transmission.
4) Unless donated food or litter is available at the shelter, I agree to pay for and provide these necessities out of my own pocket.
5) I understand that medicines and other supplies provided by RAS are for use with foster care animals only, and are not to be administered to animals that are not the property of the Rochester Animal Services.
6) I understand that all veterinary care must be authorized in advance by the RAS. I agree to personally incur the cost for any treatment that has not been so authorized.
7) If there is a medical emergency after hours, I will contact 911 and ask to be put into contact with Chris Fitzgerald for advisement.
8) I understand and acknowledge that I do not have any right or authority to keep, adopt, transfer, or place a foster animal(s) in other homes or with other individuals.
9) I agree that every animal I provide foster care for must be physically turned to RAS by the date set forth below or at any time upon the request of the RAS. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
10) I agree to provide the appropriate staff members at RAS with the necessary information and materials at any time (such as fecal samples or temperature/weight measurements) to enhance the care that I am providing to the foster animal(s).

11) I agree to hold RAS harmless from any direct for consequential damages arising out of this foster care arrangement.
12) I acknowledge that RAS may terminate this or any other foster care arrangement at any time in its sole discretion.
13) I certify that no person residing in the household where the animal(s) will be fostered has ever been charged with or convicted of animal cruelty, neglect, or abandonment.

_____

Print Foster Care Providers Name

_____ _____

Signature of Foster Care Provider Date

_____

_____

Signature of RAS Staff Representative Date