



Foster Care Application & Agreement

Name	_____	Date	_____
Address	_____	City, State, Zip	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Email	_____

Age: _____ Driver's License Number: _____ State: _____

Other people living in your house:

Name: _____ Age: _____ Relationship: _____

Do you currently have any pets of your own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Species _____	How many? _____
Species _____	How many? _____
Species _____	How many? _____

Have you ever had to surrender an animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, explain the situation in detail.	
Do you or have you ever bred an animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, explain the situation in detail.	
Do you or anyone in your household have any allergies to animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, explain the situation in detail	
Does anyone smoke inside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all of your companion animals live inside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, explain the situation in detail	

Have you ever fostered animals in the past? Yes No If yes, what type? _____

What organizations/veterinary clinics have you fostered/volunteered for?

Name _____	Phone Number _____
Dates From _____ To _____	
Name _____	Phone Number _____
Dates From _____ To _____	

Other than fostering, what experience do you have in the pet industry or with animals in general?	
Why do you want to be a foster parent?	
Are all family members in agreement about fostering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long are you willing to foster an animal before it is adopted?	
Do you have limits on your fostering commitment? Please explain (limited walking, can't lift heavy objects, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reliable vehicle capable of transporting the fostered pets to adoption events and / or vet visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a foster parent you will be required to keep your foster animals inside. By initialing, you acknowledge that you will abide by these provisions.	Initial _____

Do you have experience taking care of sick, injured, very young, or geriatric animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the situation in detail.	
Do you have experience giving medications to animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail.	

What are you interested in fostering? (Check as many as you like...X to the left of the appropriate boxes)

<input type="checkbox"/> Dogs	<input type="checkbox"/> Guinea Pigs	<input type="checkbox"/> Small Birds	<input type="checkbox"/> Reptiles
<input type="checkbox"/> Cats	<input type="checkbox"/> Mice / Rats	<input type="checkbox"/> Large Birds	<input type="checkbox"/> Turtles / Tortoises
<input type="checkbox"/> Rabbits	<input type="checkbox"/> Other Small Mammals	<input type="checkbox"/> Farm animals, specify:	
<input type="checkbox"/> Sick / injured pets		<input type="checkbox"/> Caring for the pets of sick/injured people	
<input type="checkbox"/> Nursing / bottle feeding infant pets		<input type="checkbox"/> Other	

Are there any animals that you are not comfortable fostering?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list those animals.	
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<input type="checkbox"/> Do you	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
If you rent, who is your landlord?			
Name		Phone	
Do you have permission from your landlord to have an animal?			
Do you have a separate room(s) for the foster away from your own animals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the area where the animal will be kept. Be specific.			

By initialing you agree to a home visit and interview prior to fostering for IndyCLAW. Initial _____

By initialing you agree to occasional home visits to check on fosters for IndyCLAW. Initial _____

I understand that each species of animal has specific dietary and environmental needs. I agree to follow the instructions given to me by IndyCLAW regarding appropriate food, bedding, etc. Some foster pets require specific habitats. If you agree to foster that species you are agreeing to provide that habitat and diet (fence, cage, crate, aquarium, heat lamps, UVB lamps, nesting box, etc.)? I am aware that not following the instructions puts the foster animal in danger of developing many medical conditions that can result in irreversible damage to organ systems and even death.

Yes No

IndyCLAW will attempt to provide you with an honest evaluation of temperament on any animal we have. Do you realize that often times the complete history of an animal may not be known and you may encounter some unexpected behavioral problems?

Yes No

Foster parents may not surrender any IndyCLAW assigned animal to another shelter or rescue group. Foster parents will not have a foster pet to be euthanized nor surrendered to a 'kill' shelter.

Initial _____

Foster parents may not accept any animal surrendered to them in the name of IndyCLAW. The person surrendering the animal must be directed to IndyCLAW and fill out the appropriate paperwork.

Initial _____

Lifesaving veterinary care may need to be provided for foster pets as authorized by IndyCLAW at an approved IndyCLAW animal hospital. Fosters will not arrange for any elective veterinary care for the foster animal without the express consent of IndyCLAW. Occasionally, IndyCLAW will approve extra vet care as requested and to be funded, in whole or in part, by the foster. IndyCLAW does not cover grooming or nail trimming expenses, except on rare occasion under special circumstances, or in cases where that care cannot be provided to a particular species by IndyCLAW volunteers. IndyCLAW Rescue has a limited pool of funds to use on the care of all the companion pets in the shelter and must be mindful of expenses that would generally be expected of an owner, but not necessary in a shelter.

Initial _____

I agree that I am fostering this animal for IndyCLAW and that I do not have any right of ownership of the foster animal. I further agree that IndyCLAW's rights in and to my foster animal are superior to my own. I agree to the immediate return of any foster animal in my care to IndyCLAW at the request of its authorized representative for any reason. If IndyCLAW is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify IndyCLAW for all court costs and attorney fees connected with such an action.

Initial _____

While you are caring for foster animals, IndyCLAW will occasionally check on the animal's progress and address any concerns. IndyCLAW reserves the right to remove an animal from a foster home if IndyCLAW has any reason to believe that the health or welfare of the animal is in jeopardy or if another foster home would be better suited for the needs of a particular pet. If for any reason the foster parent cannot fulfill the fostering duties, the animal must be returned directly to an IndyCLAW representative. **Under no circumstances will a foster pet be turned over to another rescue group or surrendered to Animal Control, the Humane Society, or a veterinarian's office.**

Initial _____

If the foster parent decides to adopt the animal they are fostering, they must submit an adoption application, be subject to the adoption approval process, and appropriate adoption fees. If a foster parent finds a possible permanent home for their foster animal, they must direct that prospective adopter to a representative of IndyCLAW to begin the adoption process.

Initial _____

Please list three references that are not family members.

Name		Phone Number	
How do you know this person?			
Name		Phone Number	
How do you know this person?			
Name		Phone Number	
How do you know this person?			

By initialing below, I acknowledge that filling out a foster application does not guarantee a fostering position with IndyCLAW. Verification of references, a home inspection, and personal interview must also be taken into consideration.

Initial _____

By signing this form, you agree to the above statements and certify that the answers given above are true and factual:

Applicant's Signature Date

IndyCLAW Representative Signature Date