



# Best Friends in Harford County

## Foster Application

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this your  Permanent Address  Temporary Address Do you plan to move soon?  Yes  No

Type of Residence:  House  Condo  Apartment  Mobile Home Do you rent?  Yes  No

If renting, do you have permission from your landlord to foster cats?  Yes  No Pet Deposit?  Yes  No

*Note: A copy of your lease pet policy, or a letter of permission from your landlord, is required for all renters.*

If less than 5 years at current address:

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### About Your Household:

Please list all other adults in the household: (if you need more space, please use back)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have children living with you?  Yes  No If so, how many? \_\_\_\_\_ Ages: \_\_\_\_\_

Is anyone in the household allergic to cats?  Yes  No If so, how do you plan to cope with allergies? \_\_\_\_\_

Who watches your pets when you go on vacation? \_\_\_\_\_

### About Your Current Pets:

How many other pets live at your residence? \_\_\_\_\_ Do all pets get along?  Yes  No

Please list all pets you have had in the past five years: (if you need more space, please use back)

Pet's Name	Species/Breed	Sex	Age	Years Owned	Spayed/Neutered	Still living with you?	If not, why?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are all your pets up-to-date on vaccines?  Yes  No If not, why not? \_\_\_\_\_

Do you have a regular veterinarian?  Yes  No Are your vet records listed under your name?  Yes  No

Vet/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you used any other veterinarians, clinics, or mobile vets in the past 5 years?  Yes  No If so, please list below.

Vet/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Foster Information:**

Reason for wanting to foster? \_\_\_\_\_

Have you fostered before?  Yes  No If so, what type of animal(s)? \_\_\_\_\_ For whom? \_\_\_\_\_

How long are you willing to foster a particular animal?  Week  Month  As long as needed  Other \_\_\_\_\_

Please check the type of animals you would be interested in fostering:

Newborn litter of kittens (orphaned, to bottle feed every 2 hours and wean)  Mother & kittens or weaned kittens

Adult female/male  Special needs – medical  Special needs – behavioral  Declawed  Any cat

Understanding the risks of FeLV and FIV transmission, are you willing to foster kittens too young to be tested?  Yes  No

If so, how will you protect other cats in your household against these diseases? \_\_\_\_\_

Where will the cat stay during the day?  Separate Room (describe) \_\_\_\_\_  Anywhere s/he wants  In My Room

Where will the cat spend the night?  Separate Room (describe) \_\_\_\_\_  Anywhere s/he wants  In My Room

Who will care for the cat when you are out of town, on vacation? \_\_\_\_\_ Relationship? \_\_\_\_\_

Are you willing to work with a foster cat on litter box issues should the need arise?  Yes  No

Are you willing to transport the cat for any necessary veterinary care?  Yes  No

Are you willing to meet with a potential adopter either at your home or the adopter's?  Yes  No

### **FOSTER CARE AGREEMENT**

**Please read and sign.** Best Friends in Harford County (BFHC) covers medical expenses for all foster animals. However, our vet care costs are discounted only through specific partner veterinarians. Foster caretakers must arrange in advance with BFHC to obtain routine care of animals. With the obvious exception of a medical emergency, if you take your foster animal to a veterinarian without authorization, BFHC will not cover the associated costs.

- I understand that all animals are TEMPORARILY fostered for BFHC and remain in the custody of BFHC.
- I agree to keep any foster animal under my control at all times while fostering. **I will keep foster cats indoors.**
- If my foster pet(s) shows any sign of health or behavior problems, I understand that I need to contact BFHC immediately.
- I will relinquish any foster animal to BFHC upon their request.
- If I am interested in adopting a foster pet, I understand that I will be required to file an adoption application through BFHC.
- I acknowledge that BFHC is not responsible for damage or injury to any person, animal, or possession caused by a foster animal.

***By signing this application, you agree and give consent for Best Friends in Harford County to contact your veterinarian and obtain a veterinary care reference. Please ask for clarification if you have any questions about this agreement.***

*By signing, I agree I have read and completed this application thoroughly and understand the animal foster process.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Email completed form to: [adopt@bestfriendsinharfordcounty.org](mailto:adopt@bestfriendsinharfordcounty.org) or fax to (443) 288-6642



## Best Friends in Harford County, Inc. Volunteer Waiver and Release of Liability

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I, the undersigned, agree to release, discharge, indemnify, and hold harmless Best Friends in Harford County, Inc. (BFHC), its officers, agents, and volunteers from any and all claims, demands, losses, costs, liabilities, damages, expenses, and suits in law or in equity that may arise out of my performing services for BFHC, its officers, agents, or volunteers.

I recognize that in handling animals while performing services for BFHC, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Best Friends in Harford County, Inc., its officers, agents, and volunteers from any claims, demands, losses, costs, liabilities, damages, and expenses connected with my services to or for BFHC or my participation agreement, whether caused directly or indirectly by any negligence (active or passive) attributable to BFHC, its officers, agents, and volunteers.

I have read and fully understand the Terms and Conditions of this Volunteer Agreement, Waiver, and Release of Liability and I agree I will comply with said Terms and Conditions, as described herein.

### **BHFC MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL'S EXPOSURE TO RABIES OR OTHER DISEASE OR PARASITES SUCH AS FLEAS, TICKS, AND WORMS.**

As a Volunteer within BFHC's animal programs, I fully understand that BFHC does not provide participants with medical insurance, worker's compensation, or automobile liability insurance coverage.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is younger than 18 years of age, the parent/legal guardian shall agree to the following: As a parent or legal guardian of the above named person, I hereby give my consent to allow the undersigned to volunteer with Best Friend's in Harford County, Inc. and comply with the conditions of this Volunteer Agreement, Waiver and Release.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_