



NUZZLES & CO
• PET RESCUE AND ADOPTION •

WHERE LOVE WINS

Foster Application & Agreement — Nuzzles & Co

Date _____

Name _____

Address _____

City, State, Zip _____

Phone Number: _____ Secondary Number: _____

E-mail Address _____

Emergency Contact Name: _____ Emergency Contact Ph. Number: _____

How did you hear about us? _____

What type of animal are you interested in fostering (dog, cat, both)? _____

If you are interested in fostering a specific animal you saw advertised with us, what is their name?

How many pets do you currently have? (please list name, age, breed for each): _____

Do you currently have any foster pets? ___ Y ___ N

If yes, how many and for which group are you fostering for? _____

Please list any fostering experience you have previously had: _____

Are there any children in your household? ___ Y ___ N

If yes, what are their ages? _____

Do you rent or own? _____

If rent, do you have landlords permission to foster? ___ Y ___ N

Please explain any restrictions on your ability to foster (time limit, dog breeds, etc.): _____

Do you plan on moving in the next 60 days? _____

How many hours a day would your foster pet(s) be alone? _____

___ Less than 2 hrs ___ 2-3 hours ___ 4-8 hours ___ 9+ hours

Describe the noise activity in your home (mark 'X' for all the apply):

___ Quiet Mid-level Active ___ Loud

Describe the visitor activity in your home (mark 'X' for all the apply):

___ Family-only ___ Mid-level ___ Many visitors

Describe the physical activity in your home (mark 'X' for all the apply):

___ Low activity ___ Moderate Active/athletic

Are you able/willing to foster special needs animals? ___ Yes ___ No

If yes, what types of special needs would you be willing to help with? (mark 'X' for all the apply):

___ Seniors Non-contagious medical (i.e. deaf dogs, 3 legs, daily meds, etc.)

___ Contagious medical (i.e. ringworm, mange, FeLV, etc.)

___ Behavioral Issues

___ Underage puppies/kittens Bottle Babies

Can you provide the following for your foster (mark 'X' for all the apply):

___ Food Litter Transportation ___ Vet Care

___ Training ___ Daily Exercise

Do you object to a representative of Nuzzles & Co, visiting your home to check on the pet in your care?

___ Yes ___ No

Please list any requests that we need to consider: _____

If you currently have pets, please list your vets name and contact information: _____

Please explain any medical issues that any of your pets in your household have: _____

I, _____ agree that a representative of Nuzzles & Co may contact my veterinarian to confirm information provided herein regarding my pets and I consent to the release of such veterinary information by my veterinarian to Nuzzles & Co.

Signature _____ Date _____

-- Please complete if interested in fostering dogs (cat only fosters: please skip) --

Do you have a fenced yard? ____ Yes ____ No

When you are home, the dog will primarily be (mark 'X' for all that apply):

____ Inside ____ Outside

When you are not home, the dog will be (mark 'X' for all that apply):

____ Inside ____ Outside ____ Crate

-- Please complete if interested in fostering cats (dog only fosters: please skip) --

Where will the cat be kept (mark 'X' for all that apply):

____ Inside ____ Outside

Would you like to foster un-weaned kittens? ____ Yes ____ No

Nuzzles & Co often needs foster homes to care for un-weaned kittens. This requires round-the-clock care as the kittens need to be bottle-fed every couple of hours. We will provide training.

Terms & Conditions:

I agree to the following terms regarding my participation as a Foster Parent for Nuzzles & Co (NUZZLES & CO):

1. Subject to the remainder of the terms set forth herein, I agree to provide a temporary home for the above named animal for the agreed upon foster period. All identification tags will remain on the foster animal for the entire foster period. I understand that I am responsible for providing daily food, water, exercise, shelter, and affection for my foster animal, all at my own expense.
2. In the case of a medical emergency, I will contact the Foster Care Coordinator and/or NUZZLES & CO Employee on-call and will obtain immediate veterinary care at the clinic approved by Nuzzles & Co, or transport the foster animals in my care to the NUZZLES & CO Rescue and Rehabilitation Ranch for an appointment with our Medical Director or staff. The medical fees will be paid for by NUZZLES & CO. I, as the Foster Parent, am responsible to get the medical records to the Foster Care Coordinator within 48 hours of treatment.
3. If I encounter behavior concerns with my foster animal, I will contact the Foster Care Coordinator. I understand that NUZZLES & CO may provide a professional dog trainer and/or a cat behaviorist to work through minor issues. I understand that foster animals often have unknown medical and behavior histories and may show behaviors in one home that they may not show in another home. I agree to work through these issues to the best of my ability. If concerns are beyond my ability, I will work with NUZZLES & CO to find a more appropriate foster home.
4. If I need to return the foster animal before the end of the agreed-upon foster period I will contact the Foster Care Coordinator and give NUZZLES & CO at least 72 hours to find another foster home for the animal. If I have a known period of time (i.e vacation) that I cannot provide care for the foster animal, I will arrange with the Foster Care Coordinator options for my foster animal at least one week prior.
5. All foster cats must be kept inside only.
6. Foster dogs should be allowed indoors/outdoors but must be provided with a secure fenced area when outside, including shelter from the elements. No dog should be left unsupervised on a chain or tied up. I agree that the foster animal I will always be under my control either on leash or in the confines of my property.
7. I will not allow others to care for my foster animal unless I have received approval from the Foster Care Coordinator to do so. I am responsible for the well-being of my foster animal at all times.
8. As the foster parent, I understand that I have first choice to adopt my foster animal. If I choose to do so, I will alert the Foster Care Coordinator to begin the process of adoption. I understand that if I do not alert the Foster Care Coordinator of my desire to adopt, the foster animal is considered available for other adopters and will be required to attend events and be available for potential adopters to meet. Once an adoption is in process, I will be unable to adopt my foster animal. I agree to surrender my foster animal upon notification that an adoption has been approved.

9. I understand that part of the responsibility of a foster parent is to feature my foster animal and will set up meet and greets as requested by the Foster Care Coordinator.

10. By signing this agreement I consent to the performance of a home check by NUZZLES & CO staff prior to my taking the foster animal home, if requested. I also consent to home checks during the foster period upon 24 hours' notice.

12. I understand that my foster animal is owned by NUZZLES & CO and can be removed from my care at any time by NUZZLES & CO, in its sole discretion, for any reason or no reason. I agree to surrender my foster animal to NUZZLES & CO upon receiving notification of the termination of the foster agreement.

13. I understand that any animal, including the foster animal, may pose a risk of injury, death, illness, or damage to me, my family, other persons, or to personal property. I voluntarily and knowingly assume any and all risks associated with my agreement to act as a foster parent, including the risk of injury, death, illness or damage.

14. I hereby waive and release Nuzzles & Co, its board members, directors, officers, employees, agents, contractors, and volunteers, from any claims, causes of action or liability for any injury, illness, or damage to self, other persons, or property once the animal is in my foster care.

15. I have read this Release Agreement and fully understand that I will relinquish all claims or actions known now or in the future against Nuzzles & Co, its board members, directors, officers, employees, agents, contractors, and volunteers. I am of legal age and legally competent to sign this agreement. I am signing this agreement of my own free will without the influence of Nuzzles & Co staff member. It is expressly understood and agreed that I am hereby waiving and surrendering my rights under applicable federal and state law.

Do you agree to the terms & conditions? ___ Y ___ N

Accuracy of Information:

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the organizations Foster Care Program.

Signature: _____ Date _____

Driver's License Number: _____ State Issued _____

Nuzzles & Co Employee Signature _____