

Cat Foster Application

Last Hope, Inc.

PO Box 114

Farmington, MN 55024

Phone 651-463-8747 Fax 651-463-9474

mail@last-hope.org www.last-hope.org

Contact Information

Name

Street Address

City, State, Zip

Primary Phone

Alternate Phone

Email

Driver's License

Are you at least 18 years of age?

Please list all members in household. Please include ages (not names) for children under 18.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you and all members of your family have medical insurance? _____ yes _____ no

Residence

Please check one:

___ Single family home ___ Apartment ___ Mobile Home ___ Townhome

Do you ___ Own ___ Rent

Do you have Homeowners/Renters insurance? _____ yes _____ no

If rent, do you have permission from your landlord to foster a cat(s) _____ yes _____ no

Name of Landlord _____ Landlord phone number _____

Have you previously owned or fostered a cat(s)? _____ yes _____ no When? _____

Are all household members in agreement to foster a cat(s)? _____ yes _____ no

Who will be the primary caretaker of the cat(s)? (feeding, scooping litter boxes, taking to vet, playing, medicating as needed) _____

Please describe the activity level of your home _____

Do you have frequent visitors to the home? _____ yes _____ no ages _____

Where will the cat(s) stay when nobody is home?

Where will the cat(s) stay during the night?

How many hours per day will the cat(s) be alone? _____

Resident animals

Please list all animals in the household:

1. _____ Dog _____ Cat _____ Other

Age _____ Spayed/Neutered _____ yes _____ no Reaction to cats _____

Up to date on all shots? _____ yes _____ no (Please attach documentation)

If cat: Tested negative for Feline Leukemia and FIV _____ yes _____ no _____ not tested

Temperament _____

_____ Indoor only _____ outdoor only _____ indoor/outdoor

2. _____ Dog _____ Cat _____ Other

Age _____ Spayed/Neutered _____ yes _____ no Reaction to cats _____

Up to date on all shots? _____ yes _____ no (Please attach documentation)

If cat: Tested negative for Feline Leukemia and FIV _____ yes _____ no _____ not tested

Temperament _____

_____ Indoor only _____ outdoor only _____ indoor/outdoor

3. _____ Dog _____ Cat _____ Other

Age _____ Spayed/Neutered _____ yes _____ no Reaction to cats _____

Up to date on all shots? _____ yes _____ no (Please attach documentation)

If cat: Tested negative for Feline Leukemia and FIV _____ yes _____ no _____ not tested

Temperament _____

_____ Indoor only _____ outdoor only _____ indoor/outdoor

4. _____ Dog _____ Cat _____ Other

Age _____ Spayed/Neutered _____ yes _____ no Reaction to cats _____

Up to date on all shots? _____ yes _____ no (Please attach documentation)

If cat: Tested negative for Feline Leukemia and FIV _____ yes _____ no _____ not tested

Temperament _____

_____ Indoor only _____ outdoor only _____ indoor/outdoor

5. _____ Dog _____ Cat _____ Other

Age _____ Spayed/Neutered _____ yes _____ no Reaction to cats _____

Up to date on all shots? _____ yes _____ no (Please attach documentation)

If cat: Tested negative for Feline Leukemia and FIV _____ yes _____ no _____ not tested

Temperament _____

_____ Indoor only _____ outdoor only _____ indoor/outdoor

Please list your current Veterinary Clinic _____ Veterinarian _____

Clinic phone number _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, education or through other activities.

Please describe the reason for your interest in fostering

Please indicate your preference for fostering:

_____ Kittens _____ Adults _____ *Bottle babies _____ *Pregnant moms _____ Special needs

*please describe your qualifications and experience with bottle babies and pregnant moms in the special skills section.

Explain _____

Adoption events are from 11-3 on Saturdays (Apple Valley and Burnsville Petcos), and 1-3 on Sundays (Apple Valley Petco only). We require a foster animal, most fosters prefer to be involved in the selection of their forever homes.

I can commit to the above _____ yes _____ no

Name of person(s) who will be attending _____

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Hold Harmless Agreement

SECTION 1 – Signatures to This Agreement.

THE FOSTER:

Printed Name : _____

Address of Foster: _____

Phone: _____ Email _____

Signature of Foster: _____ Date: _____

I have read the terms of this agreement below and hereby agree to them.

FOR LAST HOPE:

For Last Hope, Inc.: Printed Name & Position: _____

Last Hope Signature: _____ Date: _____

SECTION 2 – Terms Used.

Last Hope, Inc., hereinafter referred to “the organization”.

Foster/Foster Home, hereinafter referred to as the “foster” refers to a person associated with the organization who temporarily houses and cares for the organization’s animals (cats & dogs) in their private homes while awaiting adoption into permanent homes.

Fosters are responsible for the animal’s care while in their homes, in transport, at veterinary clinics, at public facilities or any other location where the foster takes the animal(s), hereinafter referred to “foster care”.

Corporate facilities or other facilities where the general public is present and the organization uses such space for the purpose of showing and adopting animals from the organization to the general public, hereinafter referred to as “public facilities.”

Board of Directors for Last Hope, Inc. hereinafter referred to as “the Board”.

SECTION 3 - Agreement Applicable to Animals While in Foster Care.

I understand and acknowledge the following:

As a foster I am taking responsibility to care for the organization’s animals while they are in my possession and I will follow all established policies of the organization. The organization shall provide any needed veterinary services; food and other supplies when available for the animals.

The organization and its representatives will provide as much information as known regarding animals placed with fosters. Many animals will have been found as strays or surrendered with incomplete information, thus having little or no known history of the animal’s behavior and/or health.

All animals in foster care shall be controlled at all times while in public facilities, either by leash or kennel. It is understood that in the process of showing animals to prospective adopting persons, that they will be able to hold the animals outside the kennel from time to time as they observe the animals. Fosters are expected to use their best judgment in allowing this practice, i.e. temperament of the animals, age and physical ability of persons allowed to hold the animal.

The organization shall keep two pair of long protective gloves in the immediate area of all events held at public facilities to be used by volunteers of the organization in the event of an animal needing to be restrained outside the kennel.

All local ordinances and state laws pertaining to animal care will be adhered to. This includes required rabies and other vaccinations.

The organization shall maintain publications of general practices and policies associated with fostering the organization's animals in foster homes. Publications will be updated from time to time and a copy will be given to each foster home. As a foster, I agree to follow the procedures outlined in these publications.

Fosters are expected to have in effect at all times a home owner's insurance policy and medical insurance. If a foster fails to have such insurance in effect at the time of an incident involving an animal belonging to the organization the foster will be responsible for expenses resulting from such incident at the foster's home unless otherwise approved by the Board.

Animals and their offspring are property of the organization and shall be surrendered to the organization if so requested or if I end my duties of foster care for the organization.

Fosters may be responsible for all costs incurred due to a violation of this agreement.

SECTION 4 – Indemnification.

The Organization: To the fullest extent permitted by law, the organization agrees to release, defend, protect, indemnify, save and hold harmless any corporate or public facility (i.e. PETCO, PETSMART), its officers, agents and employees, of and from any and all claims, demands, actions, causes of action, including costs and attorney's fees, arising out of or by reason of the incident during periods of animal adoption events within such corporate or other public facilities.

The Fosters: To the fullest extent permitted by law, the organization's fosters and other volunteers agree to hold harmless any corporate or public facility (i.e. PETCO, PETSMART, etc.) and the organization of Last Hope from any and all claims resulting from an incident involving foster animals during an animal adoption event within such corporate or public facilities.

SECTION 5 – Liability Insurance.

The organization shall maintain a General Liability insurance policy covering its operation involving its board, employees, fosters and other volunteers while performing their functions of the organization while handling the organization's animals in foster homes or in corporate or public facilities, i.e. PETCO, PETSMART, veterinary clinics, etc.