

VOLUNTEER FOSTER HOME APPLICATION/CONTRACT

"FOUR PAWS ANIMAL FOUNDATION

Post Office Box 8260 – Bartlett, IL 60103

Date: _____

Name: _____

Address: _____

Home Phone _____ **Work:** _____ **E-Mail:** _____

of Cats in your household _____ **# of Dogs in your household** _____

Current on vaccinations: Yes _____ No _____

If you have children what are their ages? _____ **Any allergies?** Yes _____ No _____

Can you keep the cat separate from your animals? Yes _____ No _____

Can you administer medication if necessary? Yes _____ No _____

Are you willing to keep the cat until he/she is placed in a permanent home? Yes _____ No _____

Four Paws Animal Foundation retains ownership of all animals in foster care and by law, is responsible for maintaining records of all stray animals taken in and the disposition of same. In the event a cat is too sick or exhibits behavioral problems making unsuitable for adoption placement, it will be the Foundation's decision whether or not to humanely euthanize the animal.

The Foundation will be financially responsible for all medical costs and necessary vaccinations associated with foster care. Quality food will also be provided by the Foundation. Although the foster care volunteer's evaluation of a potential adoptee will be a vital part of evaluating an adopting family, it will be the decision of the Foundation as to the final adoption of each cat.

I have read and understand the statement above. I understand that I receive foster care cats at my own risk. I acknowledge that the Foundation is not responsible for any property damage or personal injury suffered by me, members of my household, or any third parties during a foster placement and I assume liability to provide adequate controls to prevent such damage or injury.

Any concerns or questions concerning medical issues please call the Foundation (630) 289-0478 or E-mail: mrkoko@att.net

Signature of Foster Volunteer: _____ **Date:** _____