

Rochester Animal Services

Date Received:

Foster Caregiver Application - Cat

We appreciate the service that foster caregivers provide. By applying you are under no obligation to foster a cat nor is Rochester Animal Services (RAS) under any obligation to place a foster cat within your care. Additional orientation, training and approval may be required.

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email address _____

Are you on Facebook? Yes _____ No _____ If yes, what is the name of your account?

1. Are you currently a volunteer at Rochester Animal Services (RAS)? Yes _____ No _____

If so, how long, and in what capacity? _____

2. Have you fostered cats before? Yes _____ No _____

If yes, please describe your fostering experience (i.e., rescue group, when, types of animals, etc.)

3. List all of the adults in your household:

List all the children in your household and their ages:

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4. Is everyone in your household agreeable to fostering a cat? Yes _____ No _____

5. Do any members of your household have allergies to pets? Yes _____ No _____

6. Do you live in a: _____ House _____ Apartment _____ Condo
_____ Other (please specify) _____

If renting, landlord's name _____

Landlord's phone number _____

7. Do you have any cats in your household now? Yes _____ No _____

If yes, please list all the cats that share your home:

| Name | M/F | Age | Spayed/ Neutered |
|-------|-------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Veterinarian's name _____ Phone _____

8. Are all the cats accepting of new cats in their home? Yes _____ No _____ I don't know _____

9. Do you have any other animals in your household? Yes _____ No _____

If yes, please list them below: _____

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Waiver and Release of Liability

In consideration for being permitted to participate as a foster caregiver in the Rochester Animal Services Foster Care Program, I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may hereafter accrue as a result of my participation as a foster caregiver. This release is intended to discharge in advance Rochester Animal Services, the City of Rochester, its employees, agents, representatives, successors and assignees from and against any and all liabilities, actions, claims, demands, costs, or expenses arising from or in any way connected with my participation as a foster caregiver. I understand that various activities involving cats and or kittens carry the potential for injury to occur, such as being bitten or scratched. Knowing the risks involved, I have voluntarily applied to participate as a foster caregiver, and I hereby agree to assume all risks of injury, and to release and hold free and harmless, Rochester Animal Services, the City of Rochester, its employees, agents, representatives, successors and assignees, who, through negligence or carelessness, might otherwise be liable to me. I further agree to indemnify and to hold Rochester Animal Services, the City of Rochester, its employees, agents, representatives, successors and assignees free and harmless from any loss, liability, damage, cost or expense which may occur as a result of any injury and/or property damage that I, or members of my family and/or household may sustain while participating as a volunteer foster caregiver. I agree that all services I provide are charitable in nature and entirely voluntary, and there will be no compensation of any kind for my performance of them. I have carefully read this waiver of liability, release, and indemnification agreement and understand the contents.

ALL ADULTS (18 OR OLDER) WITHIN THE HOUSEHOLD MUST SIGN THIS FORM

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Signature _____

Please complete, sign, and mail or deliver to Rochester Animal Services at 184 Verona Street, Rochester, NY 14608.

CAT FOSTER PARENT AGREEMENT

Rochester Animal Services (RAS) greatly appreciates your time, energy and dedication to the Foster Care Program. By joining, you are asked to comply with our policies and the expectations of the Program.

Please read and initial the following:

Program Requirements

_____ I understand that foster cats are the property of RAS and that as a foster parent I have certain responsibilities to ensure the safety of my foster cat.

_____ I will attend any required training session* and will read the Foster Parent Manual and all other handouts included in the Packet.

(*Attendance is required unless approved by the Foster Team)

_____ I will follow the vaccination and medical schedule for my foster cat, and I agree to schedule vaccinations and any other required medical needs for my foster cat as recommended by the RAS Foster Team.

_____ I understand that I need to get pre-approval by a Foster Team leader prior to taking my foster cat to the veterinarian for anything other than routine visits dictated by their medical schedule. I understand that I must use the veterinarian with whom RAS has contracted, whose name and contact information will be provided to me by the RAS Foster Team. I further understand that if I take my foster cat to the veterinarian with whom RAS has not contracted I will not be reimbursed for expenses incurred.

_____ I understand that continued participation in the Program depends on my cooperation with these expectations.

_____ I agree that the opportunity given to me to care for and socialize my foster animal and help it to find a forever home, as well as the possibility of a future adoption of my foster animal, are of significant benefit to me, and serve as proper legal consideration in exchange for my agreements stated in this contract

Cat Care Responsibilities

I understand that tending to the safety of my foster cat/kitten includes:

_____ I will never allow young children unsupervised access to my foster cat.

_____ I agree to make every effort to answer any phone call or e-mail inquiring about my foster cat sent to me by a Foster Team leader, potential

adopter or RAS within 24 hours of the receipt of the phone or email message.

_____ I understand that RAS is not responsible for illness occurring in, or veterinary care required by my own dogs, cats or other animals.

_____ I will not transfer my foster cat to another foster home unless I have prior approval from a RAS Foster Team Leader.

_____ I will immediately contact a RAS Foster Team Leader if there is an accident, involving the death of, injury of, or escape by my foster cat.

_____ I will immediately contact the RAS Team Leader assigned to me if my foster cat shows any concerning behavioral issues.

_____ I will immediately contact my team leader if my foster cat shows any signs of sickness, including extreme lethargy, loss of appetite, breathing difficulty, green nasal secretions, lack of weight gain in a kitten, mouth breathing, etc.

_____ In addition to providing a routine update about the status of my foster cat, I also agree to contact my Foster Team Leader whenever I have a concern or need assistance.

Adoption Responsibilities

_____ I understand that I am expected to actively participate in finding an adopter by marketing my foster cat.

_____ I agree to contact EVERY potential adopter that is referred to me within 24 hours, even if it is to inform them that my foster cat is adopted and to refer them back to RAS.

_____ I understand that no foster cat is to be handed over to an adopter (or be kept as my own pet if I choose to adopt my foster cat) until the official adoption paperwork is complete AND the spay/neuter surgery is done.

_____ If I decide that I want to adopt my foster cat for my own I understand that I cannot start the adoption process if there is a potential adoption in process (for example, a potential adopter has contacted me about my foster cat).

_____ I have answered the questions above truthfully and completely.

I understand that although RAS takes reasonable care to screen the animals who are made available for adoption and foster care placement, but makes no guarantee relating to the foster animal's health, behavior, or actions. I understand that I receive foster care animals at my own risk.

Name _____

Address _____

City _____ State, _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Work _____

Email Address _____

Signature _____

Date _____

**Please complete, sign this form and either mail to or drop off at
Rochester Animal Services at 184 Verona Street, Rochester, NY
14608.**

