

**BrightSide Animal Center
Foster Program Caregiver Application**

Name: _____ Date ____/____/____ Birth Date ____/____/____
 Street Address: _____ City _____ ST _____ Zip _____
 Mailing Address: _____ City _____ ST _____ Zip _____
 Phone _____ Cell _____ E-mail _____ @ _____
 Occupation: _____ Employer: _____
 May we call your workplace? ____ NO ____ YES Phone _____ EXT _____
 Do you own or rent your home? ____ OWN ____ RENT If you rent please provide landlord's phone
 Landlord Name: _____ Phone Number: _____

INDICATE BELOW WHAT ANIMALS YOU ARE WILLING AND QUALIFIED TO FOSTER

- Pregnant Cat
- Nursing Cat With Kittens
- Orphan Kittens (eating wet or dry food on own)
- Orphan Kittens (bottle fed every 2-4hrs for first 3-4 wks)
- Feral Cat or Kittens (require socialization)
- Sick or Injured Cat or Kitten needing meds or special care
- Pregnant Dog
- Dog
- Nursing Dog with Puppies
- Orphan Puppies (bottle fed every 2-4hrs for first 3-4 wks)
- Orphan Puppies (eating wet or dry food on own)
- Sick or Injured dog or puppies needing meds/special care

INDICATE FROM THE FOLLOWING CAREGIVING TASKS YOU ARE ABLE TO DO

- Liquid medication Pill Meds Bottle Feeding
- Taking Temperature Subcutaneous Fluids
- Injections Tube Feeding checking for dehydration

Children in Household			Age
Animals in Household	Age	S/N?	Current on Vaccines

BrightSide Animal Center foster animals must be housed inside a house or a warm enclosure such as a garage or kennel. Foster animals must be kept separate from other animals for 10 days. Windows must be screened. Your own pets must be current on vaccines. Your signature is your agreement to comply with these criteria.
 Describe the area in which you will foster animals' _____

I hereby certify that the above information is true and that any falsification will be grounds for denial. I understand the BSAC Foster Program requirements and agree to abide by them. I acknowledge that this application will remain the property of BrightSide Animal Center.

 Applicant Signature Driver's License Number _____

BrightSide Animal Center
FOSTER CAREGIVER AGREEMENT AND RELEASE

BirghtSide Animal Center, hereafter referred to as BSAC, operates the Foster Program for animals that are not immediately adoptable. I understand that the purpose of this foster relationship is solely to provide temporary care for these animals.

I understand that when the animals are ready to be available for adoption, I will surrender them to the BSAC for placement. The Foster Program Coordinator or a BSAC supervisor must approve any decisions made regarding the disposition of these animals and I agree to abide by these decisions. Any and all placements are subject to the same guidelines as all other BSAC adoptions. The Foster Caregiver has the option of adopting foster animals. If I have any questions I will contact the Foster Program Coordinator.

I agree to adhere to the following guidelines:

- I agree to provide care, food, water and shelter as directed by the BSAC
- I agree to take animals to the shelter or a veterinarian for medical treatment, vaccinations and spay/neuter surgery as instructed by the Foster Program Coordinator or a BSAC supervisor.
- Foster animal will be in my custody **ONLY** unless I contact the Foster Program Coordinator to receive authorization for temporary placement in another foster home. I agree not to foster animals for any other organization at the same time I am fostering animals for BSAC.
- In the event I cannot continue to foster animals currently in my care, or an animal dies I will notify the Foster Program Coordinator immediately.
- I assume all responsibility for property damage by the animals while in my care.
- I understand that the BSAC will take every precaution to ensure that the animals I foster are in good health or that any known problems are discussed with me. However, the BSAC cannot be held responsible or liable for any unforeseen health problems that may develop once animals are in my care. I understand that there is risk of known and unknown health problems and that these problems may be transmitted to my own pets. I further understand that the BSAC is not responsible for any medical treatment for my own pets as a result of such transmission.
- I understand that all medical treatment for foster animals must be pre-authorized and arranged for by the Foster Program Coordinator or a BSAC supervisor. The BSAC is not responsible for the cost of any unauthorized medical treatment or any cost incurred by the Foster Caregiver for the care of BSAC animals.
- I agree to notify the Foster Program Coordinator immediately if a foster animal's medical condition changes in any way or if an animal is showing signs of severe illness.
- 24 hour emergency care is not available to the BSAC. The cost of any veterinary care not approved by the Foster Program Coordinator or a BSAC supervisor will be the responsibility of the Foster Caregiver.
- I understand that if any health problem is deemed by the BSAC to be untreatable or if treatment is cost-prohibitive as determined by a BSAC supervisor, I agree to return animals to BSAC as soon as possible.

I hereby agree to accept a position as a BSAC Foster Caregiver and, in doing so, I agree to comply with all rule and regulations which may be established from time to time by the BSAC. I understand that failure to do so may result in my immediate termination from the Foster Program.

I understand public relations as an important part of volunteering for BSAC. On behalf of myself, my heirs, personal representatives and executors, I allow the BSAC to use any photographs taken of me and/or my family for use in public relations efforts.

I acknowledge that my services are provided strictly on a volunteer basis, without any compensation and without liability on behalf of the BSAC. All services performed by me are at my own risk.

I recognize that in handling animals there exists a risk of injury including physical harm caused by animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the BSAC, it's agents, servants, volunteers and employees from any and all claims, causes of action or demands of any nature, including costs and attorney's fees incurred by BSAC in connection with same, based on damages or injuries which may be incurred or sustained by me in any way connected with my service to BrightSide Animal Center, including, but not limited to, animal bites, accidents, injuries, property damage or veterinary fees.

Foster Caregiver Signature

Date

BSAC Representative Signature