



## Foster Program Application

Please complete and return via e-mail to [info@blue-tails.com](mailto:info@blue-tails.com),

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation / Employer \_\_\_\_\_

Please provide two personal references (name and phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

How did you hear about the Foster Program?

Referred [www.bluetails.org](http://www.bluetails.org) Facebook Other

Please describe your home (apartment, house, fenced yard, animals kept inside/outside)  
If you rent, will your landlord permit you to foster?

Are there children in your home? If not, do children regularly visit your home?

Tell us about your current pets:

Which vet do they go to and are they up to date on vaccinations (Bordatella, DHPP, AND Rabies)? Please note we may contact your vet for a reference

Are your pets spayed or neutered?

If not, have you applied for an intact permit?

Do your current pets have any medical conditions that require treatment, special diet, medications, etc?

Will you be able to house foster animals separately from your own animals? Please describe how you plan to do this.

Please describe any past foster care experience:

Do you have any fostering limitations you would like us to know about?

Will you be able to include foster animals in an evacuation plan?

What types of animals would you like to foster (circle all that apply)?

**Dogs**

**Cats**

**Puppies (litters)**

**Kittens (litters)**

What age/type of foster care are you interested in?

- \_\_\_\_ Bottle Feeding
- \_\_\_\_ Young but can eat on their own
- \_\_\_\_ Adolescents (4 months – 8 months)
- \_\_\_\_ Animals requiring medical attention
- \_\_\_\_ Mothers with a litter
- \_\_\_\_ Adults (8 months and older)

What is the maximum amount of time you would be comfortable with and able to foster?

**One Week**

**2-3 Weeks**

**4 Weeks or more**

## Terms and Conditions

- I understand that the animal(s) in foster care will at all times remain the sole property of Bluetails and that I will return the animal(s) if or when requested by Bluetails staff for any reason whatsoever. I acknowledge Bluetails may terminate this or any other foster care arrangement at any time in its sole discretion. I also understand that I may return the animal(s) to Bluetails at any time if circumstances develop where I am unable to give the best possible care.
- I further understand that the purpose of this foster relationship is solely to provide care for this animal(s). I understand that any and all placements are at the discretion of Bluetails and that all placements will be made through Bluetails and are subject to the same guidelines as any other adoption(s).
- I understand that I will be responsible for the daily care and feeding of the foster animal(s) and that the animal(s) will remain in my direct care for the duration of the foster placement. Should the animal(s) become ill, I will take it to the Vet, or, in the case of serious emergency, to the emergency animal clinic nearest my home. I understand that the costs of veterinary care provided by any veterinary clinic other than Bluetails will not be paid for by the Bluetails unless prior arrangements have been made. Should the animal die in my care, I will return the body to Bluetails for proper disposal.
- I willingly understand that my current personal pets could be exposed to conditions that have not been recognized in the foster animal(s) referenced below and that I will not mix my current personal pet(s) with the foster animal(s).
- I understand that medicines and other supplies provided by Bluetails are for use with foster care animals only, and are not to be administered to animals that are not the property of Bluetails.
- I agree to provide to the appropriate staff members at Bluetails the necessary information and materials at any time (such as fecal sample or temperature/weight measurements) to enhance the care that I am providing to the foster animal(s).
- I agree to bring the animal(s) in for booster vaccinations and preventative exams on or soon after the dates put forth by Bluetails, and by scheduling an appointment prior.
- I agree to hold Bluetails harmless from any direct or consequential damages arising out of this foster care arrangement.
- I understand and acknowledge that I do not have any right or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals unless approved by Bluetails .
- I understand that during hurricane season, I will be responsible for evacuating my foster animal(s) in addition to my personal pet and remaining in contact with Bluetails regarding my location.
- I certify that no person residing in the household where the animals will be fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment.
- I hereby acknowledge that I have read, fully understand and fully agree to Bluetails Volunteer Waiver and Release Form ("Waiver and Release") in addition to the above, and that the Waiver and Release shall serve as a binding addendum to the Foster Care agreement.

Signature of Foster Parent \_\_\_\_\_ Date \_\_\_\_\_