



"Saving lives one tail at a time."

Tattered Tails Animal Rescue, Inc. - (610) 573-3457 - TTARescue15@gmail.com - WWW.TTARescue.com

Shannon Eichner: President - Charles Eichner: Vice President

Heather Davis: Secretary/Managing Director - Shannon Kuzma: Foster Coordinator - Sharon Eichner: Treasurer



Foster Parent Application & Agreement

Name: _____ Age/Birth Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Number of Adults ____ Number of Children and Ages: _____

Do you work inside or outside of the home? _____

Veterinarian: _____ Phone Number: _____

Two Personal References—Non Family Member that you have known at least 1 year

Name: _____ Relationship to Applicant: _____

Phone Number: _____ How long have you known this reference? _____

Name: _____ Relationship to Applicant: _____

Phone Number: _____ How long have you known this reference? _____

Foster Experience

Have you fostered for other rescue group(s) before? Yes No

If so, for how long, name of group(s), and reason for leaving:

Household Information:

What county do you reside: _____

Do you know your counties regulations as far as number of animals allowed to frequent the home?

Yes No

Do you live in a: House Apartment Mobile home

Do you Own Rent (landlord's name & number): _____

How long have you lived at your current address? _____

If less than 6 months then previous address:

Household activity level: Quiet Average Active

Does anyone in household have allergies / asthmatic around dog/cat(s) Yes No

Have you or anyone in the household ever been convicted of animal cruelty or endangerment? Yes No

Do you have a fenced yard: Yes No / Partially fenced? Yes No





Tattered Tails Animal Rescue, Inc. - (610) 573-3457 - TTARescue15@gmail.com - WWW.TTARescue.com

Shannon Eichner: President - Charles Eichner: Vice President

Heather Davis: Secretary/Managing Director - Shannon Kuzma: Foster Coordinator - Sharon Eichner: Treasurer



Current Pet Information

List all current and previous pets (last 5 yrs):

<u>Type of Animal</u>	<u>Age</u>	<u>Sex (M/F)</u>	<u>Neutered (Y/N)</u>	<u>Still in household Y/N</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where are your current pets housed? _____

Do you have indoor/outdoor cats? Yes No

Are your dogs licensed: Yes No

Current pets are up to date on all vaccines: Yes No

Please check any diseases your household pets may have had: Parvo Distemper Feline Leukemia FIV

Other: _____ When: _____

General Information

Do you have an outdoor enclosed area: Yes No Do you have a doggie door: Yes No

Do you have a swimming pool/spa: Yes No Is it fenced: Yes No

What do you prefer to care for (please check all that apply): Adult Cats Kittens Bottle Babies

Nursing Mom with Kittens Small Adult Dogs Puppies Nursing Mom with Puppies

Medium Adult Dogs Large Adult Dogs

Are you willing to foster an animal that needs house training: Yes No

Are you familiar with crate training: Yes No

Are you willing to foster an animal that needs training: Yes No

Are you familiar with proper training procedures and what techniques were used to train your personal pets?

Are you willing to foster an animal with medical issues: Yes No Are you willing to foster an animal that requires

medication: Yes No

Would you foster multiple pets: Yes No If so, how many: _____ Where will your foster animals be

housed: _____ How many hours a day will your foster animal be left alone:

_____ What enrichment activities will the foster animal receive:

In what case would you relinquish a foster animal / What do you consider unacceptable behavior?

Are you willing to foster an animal or litter until it/they are adopted: Yes No





“Saving lives one tail at a time.”

Tattered Tails Animal Rescue, Inc. – (610) 573-3457 – TTARescue15@gmail.com – WWW.TTARescue.com

Shannon Eichner: President – Charles Eichner: Vice President

Heather Davis: Secretary/Managing Director – Shannon Kuzma: Foster Coordinator – Sharon Eichner: Treasurer



Please write your initials on the line to the left of each paragraph after you have read it. _____ TTAR reserves the exclusive right to determine the proper course of action to take upon notification by the foster parent of any inability to comply with this agreement. _____ I understand and agree that the fostered animal(s) are the exclusive property of TTAR. This agreement transfers no ownership rights. _____ I understand that all foster animal(s) must be scheduled for needed medical treatment (altering, vaccinations, microchip, testing, etc) at one of the TTAR approved veterinarians. _____ I will respect TTAR’s decision to determine whether a foster parent can adopt a foster animal. _____ I understand that I must comply with the following adoption protocol: Adopters should be approved by TTAR prior to being adopted. I will immediately forward the adoption agreement, adoption application, and adoption fee to TTAR within 48 hours of the animal leaving my home. In no case will an animal be given a “trial period” without permission from Shannon Eichner. Adoption fees are to be paid prior to or at the time of adoption. Adoptive parents will be informed TTAR will always accept the animal back. _____. I will agree to providing proof of vaccination records, licenses, ad flea/tick preventative information if required _____. I will agree to vaccinate my own animals against the following diseases before fostering: Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); Rabies; and are free of parasites, ringworm, and or fleas. Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster); Feline Leukemia; and are free of parasites, ringworm, and or fleas. _____ I agree that my current animals are altered, unless medical reasons are applicable. _____ I understand no reimbursement by TTAR will be given to me regarding any expenditure, which I incur for the care and treatment of the foster animal(s) that was not approved in advance. _____ I understand if a foster animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering other animals of the same species for a specific length of time as deemed suitable by TTAR. Discussion with a TTAR approved veterinarian will determine the length of time necessary before fostering any animal again in the foster provider’s home. _____ I understand that I may not rescue an animal without prior approval from TTAR. _____ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case, TTAR shall take immediate possession of the fostered animal(s). Indemnity; _____ I agree to release, discharge, indemnify and hold harmless TTAR, including its agents and volunteers, from any personal injuries or damages to property or pets caused by the foster animal(s). _____ I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless TTAR, its agents and volunteers from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

I agree that my services as a Foster Parent are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from Tattered Tails Animal Rescue (TTAR) for my foster care of animals. I agree to provide foster care in strict compliance with the policies and procedures of TTAR. This includes, but is not limited to: Providing adequate food, water, shelter, safe containment, and humane treatment for the animal (s) at all times. Providing medication and veterinary care when needed at the expense of TTAR and with their approval beforehand. Monitoring the animal (s) and providing proper care and socialization. Notifying TTAR within 24 hours of any major change in the foster animal’s health. Immediately notifying TTAR if an animal becomes lost. Attendance of animals at adoptions events. Allow a transporter to take animals to adoption events if you are unable. Representing your self in a professional manner. While conducting business for TTAR I will maintain a valid drivers and also have current auto and home insurance.

I have received, read, and understand the Foster Parent Guidelines provided by Tattered Tails Animal Rescue (TTAR).

Foster Parent Signature / Date

Signature of Tattered Tails Animal Rescue Staff or Board / Date

