



Saving Lives  
Joining Hearts

Four Paws to Love  
PO Box 7865  
Santa Cruz, CA 95061  
Phone: 831.216.8987  
Fax: 831.515.3475  
Email: info@fourpawstolove.org  
Website: www.fourpawstolove.org

## FOSTER PARENT APPLICATION

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

Street Address (no PO Box): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Text OK?  Yes  No

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Driver license or state ID# (*please attach a photocopy*): \_\_\_\_\_

What is the best way to contact you?  E mail  Cell phone  Home phone  Work phone  
(*Please be aware that EMAIL is our primary source of communication.*)

Emergency contact \_\_\_\_\_ Phone(s) \_\_\_\_\_

### References

List the names and phones of two business, volunteer work, or personal references:

1. Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Volunteer Interests

Please check volunteer position(s) that you are interested in:

Foster Care  Adoption Fairs  Technology  Special Events  Administrative

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The above information is true and correct to the best of my knowledge.*

# FOSTER CARE QUESTIONNAIRE

Names of other adults in the household: \_\_\_\_\_

Have all the adults in the household given consent to foster animals?  Yes  No

Number and ages of children in household: \_\_\_\_\_

Length of time at address: \_\_\_\_\_ Do you:  Own  Rent  Live w/parents

Type of home:  House  Condo  Apartment  Mobile home  Boat

If renting, do you already have landlord approval to foster?  Yes  No

Animal size restrictions? If so, explain: \_\_\_\_\_

Landlord name and phone: \_\_\_\_\_

How did you find out about our foster care program? \_\_\_\_\_

\_\_\_\_\_

Please tell us why you would like to become an FPTL foster parent: \_\_\_\_\_

\_\_\_\_\_

Do you have prior volunteer or foster parent experience? Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever surrendered an animal to another person or an animal shelter?  No  Yes

If **Yes**, please explain: \_\_\_\_\_

Have you ever cared for puppies or kittens?  No  Yes \_\_\_\_\_

Have you ever given medication to sick animals?  No  Yes \_\_\_\_\_

FPTL provides all medical care for foster animals but asks you to provide for basic necessities. (When we receive donations of food, litter, or bedding, we pass those along to our foster parents.)

Are you able to provide financially for some of the basic care of your foster animals?

*(Often, these can be written off as donations.)*

No  **Yes**, I can provide:  Food  Litter  Other: \_\_\_\_\_

Do you feel emotionally capable of 'letting go' of your foster animals? \_\_\_\_\_

\_\_\_\_\_

We try to foster the healthiest animals but due to unforeseen circumstances, a foster animal may die in your care, how would you feel about this? \_\_\_\_\_

\_\_\_\_\_

## Animal Care Information

How many pets do you have? Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Breed \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Breed \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Breed \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Are your pets spayed/neutered?  Yes  No, explain : \_\_\_\_\_

Any behavioral concerns or chronic illnesses? No Yes, please explain \_\_\_\_\_

Can you keep your fosters separate from your own animals? Yes No

Describe primary area in which animal(s) will be cared for: \_\_\_\_\_

Do you have a fenced yard?  No  Yes, Fence height \_\_\_\_\_

How long can you foster an animal? Weeks \_\_\_\_\_ Months \_\_\_\_\_  As long as needed

How many can you foster at one time? \_\_\_\_\_

How long are you away from home?  Home all day  Out part time  Away 7-10 hours

Who will care for the animal when you are not home? \_\_\_\_\_

Do any members of your household have pet allergies?  No  Yes \_\_\_\_\_

Which foster care situations can you accommodate? Please check all that apply below:

### Cats/Kittens

cat/kitten for socialization

kittens eating on their own

pre-wean kittens

mother with kittens

injured or ill adult cat

other: \_\_\_\_\_

### Dogs/Puppies

dog/puppy for socialization Sm Med Lg

puppies eating on their own

pre-wean puppies

mother with puppies

injured or ill adult dog

other: \_\_\_\_\_

### STAFF USE ONLY

Approved date \_\_\_\_\_ Approved by \_\_\_\_\_

Comments \_\_\_\_\_

# AGREEMENT

This agreement is entered into with Four Paws to Love (hereinafter FPTL) jointly by the undersigned \_\_\_\_\_ (print your name), in order to permit the Volunteer to participate in the FPTL Volunteer Program. This Agreement is for the benefit of FPTL and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

FPTL feels it is important to have a tetanus vaccination before joining the volunteer team. I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release FPTL rescue from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

Volunteers have been advised that the activity of working with rescue animals is hazardous and involves contact with animals that are unpredictable. As such, FPTL cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with FPTL:

Bites or scratches from dogs, cats, rabbits, rodents, reptiles, and birds  
Being knocked down or pulled excessively by a dog  
Injuries relating to wrist/hand/fingers from a dog leash  
Slips/trips/falls. Flea/tick bites or ring worm infestation  
Internal or external parasites  
Zoonotic illnesses (human illness contracted from animals)  
Animal illness exposure to animals at home  
Injuries related to lifting animals, food, litter, or equipment  
Injuries caused from grooming equipment-such as clippers, shears, driers, etc.  
Exposure to cleaners, latex gloves, bleach, and parasite control products.  
Exposure to or incidents relating to the public (outbursts, inappropriate contact).  
Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact).  
Loss of personal property damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation. Volunteers agree that FPTL and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of FPTL, any Indemnitee, or a third party. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that I am not covered by California State Worker's Compensation Law. My services to FPTL are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation, or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates for FPTL. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, and indemnify and hold harmless FPTL and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of FPTL.

Volunteers fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against FPTL or any Indemnitee relating to participation with FPTL.

# FOUR PAWS TO LOVE WAIVER, RELEASE, AND INDEMNIFICATION

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public for FPTL. Should an accident or other medical emergency, injury or illness occur while participating with FPTL or while Volunteer is en route to or from FPTL-sponsored events and FPTL staff or Board members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for FPTL staff or Board members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

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If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

**Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

Parent's Name (if volunteer is under 18): \_\_\_\_\_

Parent's signature (if volunteer is under 18): \_\_\_\_\_  
(Signature)

Parent's home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Volunteer's Medical Information

\_\_\_\_\_  
(Company name of insurer)

\_\_\_\_\_  
(Insurer's telephone number & address)

\_\_\_\_\_  
(Name of primary policyholder)

\_\_\_\_\_ (Policy number) \_\_\_\_\_ (Group number)

\_\_\_\_\_  
(Physician's name)

\_\_\_\_\_  
(Physician's telephone number)

I prefer not to provide my medical information (please initial) \_\_\_\_\_

**Please scan and email your completed application to [Info@fourpawstolove.org](mailto:Info@fourpawstolove.org).  
You may also fax your application to (831) 515-3475, mail to our PO Box or drop it by in person at  
one of our adoption events at PetSmart on Saturdays from 2-5pm.**