Mobile SPCA Foster Volunteer Application

Date				Date of Birth			
Name							
					Email Address		
Home Phone					Cell Phone		
					Work Phone		
May we con	tact you	at work?	☐ YES ☐	□NO			
Are you a cu	ırrent M	obile SPC	A volunteer?	YES NO)		
Do you live i	n:	House	☐ Apartr	ment Ho	w long have you been	at this address?	
Do you:		Own	☐ Rent/I	Lease \square Yearly	√ ☐ Monthly		
If you re	nt, what	is your la	andlord's nar	ne?		Phone #	
What is t	the name	e of the c	omplex?				
Pet Polic	:y?						
Do you have	childre	n? 🗆 `	Yes □ No	What	ages?		
Who will be	the prim	ary caret	aker of the f	foster animal(s)?_			
What hours	will the o	caretaker	be home?				
Do you have	any oth	ner dogs	or cats living	g in the home now	? □ Yes □ No		
If yes, pleas	e compl	ete:					
Breed	Age	Sex	Altered	Pet's Name	Date Last Vet Visit	Reason for visit	
Dog / Cat		M/F	Yes / No				
Dog / Cat		M/F	Yes / No				
Dog / Cat		M/F	Yes / No				
Dog / Cat		M/F	Yes / No				
Dog / Cat		M/F	Yes / No				
Dog / Cat		M/F	Yes / No				
Dog / Cat		M/F	Yes / No				
Other Pets			•	•		•	

If yes, pleas	se compl	ete:		
Breed	Age	Pet's Name	Year	Disposition
ls your yard	complet	tely fenced? Yes	□ No	
Are there ar	ny factor	s that may limit your f	oster work	<i>?</i>
Veterinarian				
May we call	your vet	terinarian for a referen	ice?	Yes □ No
Have you ev	er cared	d for: \square Young pupp	ies 🗆 '	Young kittens \square Injured Dog \square Injured Cat
Do you have	e an area	a in your house to con	fine foster	animals? \square Yes \square No
If so, where	?			
Where will the	he foster	animals be when no	one is at h	ome?
Where will tl	he foster	animals sleep/		
_	_			al(s) in your home?*
Are you willi	ng to ab	ide by all animal contr	ol laws wit	th regard to foster animals? \square Yes \square No
Frequently,	we try to	have animals adopted	d directly f	from a foster home:
Can a prosp	ective a	dopter call you regard	ing your fo	oster animal?
Can they vis	sit your h	nome to see the anima	ıls? [☐ Yes ☐ No

Can you drive your foster to and pick them up from adoption events? $\ \square$ Yes $\ \square$ No

Have you had any other pets in the last five years?

References:					
1. Name/Phone Number					
3. Name/Phone Number _					
Please indicate below what	you would be willing to foster? (*approx length of time indicated)				
\square Sick/injured cat, indete	rminate amount of foster care (from one week—three months)				
\square Young kittens (from two	to four weeks)				
\square Young puppies (from tw	o—four weeks)				
\square Mother cat and nursing	kittens (from six—eight weeks)				
\square Mother dog and nursing	puppies (from six—eight weeks)				
\square Sick/injured dog, indete	rminate amount of foster care (from one week—three months)				
\square Adult dog that needs so	ocialization (indeterminate length of time)				
\square Adult cat that needs so	cialization (indeterminate length of time)				
\square Adult cat that needs a b	break from PetSmart, B&B or the MOBILE SPCA office (indeterminate length of				
time)					
	·				
I, is correct and authorize th	, agree that all of the information which I have given above Mobile SPCA to verify any information.				
Date	Signature				
	Foster Orientation Attended				
	Vet Check				
	Home Check				

As a foster parent you will be required to keep your foste adequate for the animal or in a home) at all times. Foster caing below, you acknowledge that you will abide by these pro-	ats must be kept indoors at all times. By initial-
	Initial:
As a foster parent, you may have an animal in your care for ed period of time (as many as three months or more). This wan animal to be fostered. However, this amount of time is sure at the Mobile SPCA. If you know that you will be on vacation to foster, you are obliged to inform the Mobile SPCA as sure temporary accommodations for your animal. All new foster parents must attend a foster orientation. time, and location of this orientation. Additionally, while you from time to time to check on the animals' progress and add As a foster parent, we want you to know that it is occasion been in foster care. Although this is an option of last resort, By signing this form, you agree to the above statements true:	will frequently be determined when you receive ubject to change depending on circumstances during the period of time you are being asked ch. This will allow us to find the most suitable. You will be contacted in regards to the date, are caring for foster animals, we may call you dress any concerns you may have. Onally necessary to euthanize animals that have it does occur for numerous reasons.
Signature	Date
Waiver of Liability-Fostor The undersigned acknowledges that he/she will be perfore Society for the Prevention of Cruelty to Animals, an Alabama es include, but are not limited to, performing foster animal of signed further acknowledges that certain risks may be assor In consideration of being permitted to perform such volunt signed voluntarily and knowingly executes this waiver with the claims or causes of action involving, without limitation, bodily to his/her family members and to their domesticated pets re the volunteer services contemplated herein, whether caused cers, directors, agents and employees. Further, the undersigned shall indemnify, defend and hold directors, agents and employees from and against any and incurred as a result of any claim, demand, or cause of action agents, or employees, jointly or individually, for bodily injury of undersigned's negligent, reckless or willful action in the perform the volunteer	rming certain volunteer services for the Mobile in non-profit corporation. Such volunteer services are services for the Mobile SPCA. The undersciated with such volunteer services. Inteer services for the Mobile SPCA, the underscent express intention of waiving any and all rights, injury or property damage to the undersigned, esulting from the undersigned's performance of d by the negligence of Mobile SPCA or its official disability, damage, loss, cost and expense in, brought against the Mobile SPCA its officers, or property damage suffered as a result of the formance of the volunteer services contemplation.
WITNESSED BY: SI	IGNED:

Dated: