



## Foster Application

Foster care is temporary care provided by responsible, compassionate and caring adult volunteers for SLAR animals until they can be adopted to quality homes. Providing a good home environment with proper socialization, exercise and loving care gives our foster animals a better chance of being placed more quickly. Foster care can also be end of life care for our medical cases.

We do not operate a shelter and rely on our foster homes for the success of our rescue and adoption program. Being able to place our pets in foster homes allows us to increase the number of animals we can save.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone (Home / cell) \_\_\_\_\_

Your email address \_\_\_\_\_ Are you 18 or older?  Yes  No

I have a current & valid driver's license from (state) \_\_\_\_\_ (please attach copy)

Number of adults in your household \_\_\_\_\_ Ages \_\_\_\_\_

Number of children in your household (if any) \_\_\_\_\_ Ages \_\_\_\_\_

Do you own or rent the home in which you live?  Own  Rent

If renting, are you allowed pets?  Yes  No

Are there restrictions on number/breed/size of animals?  Yes  No

If yes, explain \_\_\_\_\_

Landlord's name and phone number \_\_\_\_\_

Describe your yard:  No yard  Unfenced  Partly fenced  Completely fenced

Fence height / lowest point: \_\_\_\_\_ feet How big is the fenced area? \_\_\_\_\_

Made of  Chain Link  Wood/Vinyl  Block  Other \_\_\_\_\_

Does anyone in your household have allergies that could affect fostering of pets?  Yes  No

Do you presently own pets?  Yes  No

If yes, please list breeds & ages:

Dogs \_\_\_\_\_

Cats \_\_\_\_\_

Other pets (birds, etc) \_\_\_\_\_

How many other pets? \_\_\_\_\_

Are your pets spayed or neutered?  Yes  No

If no, why not? \_\_\_\_\_

Are your pets vaccinated?  Yes  No

If no, why not? \_\_\_\_\_

SLAR requires all animals currently residing in your household to be vaccinated.

You may be asked to provide proof of vaccination records.

List any medical issues of your current pets: \_\_\_\_\_

\_\_\_\_\_

Your veterinarian's name and phone no. \_\_\_\_\_

\_\_\_\_\_

Please describe briefly why you would like to be a foster parent:

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Type of animal preferred:  Dog  Cat

Have you fostered cats or dogs before?  Yes  No

If yes, for what foster care program? \_\_\_\_\_

Please describe your level of animal handling experience:

Puppies & Dogs: \_\_\_\_\_

Kittens & Adult Cats \_\_\_\_\_

Have you cared for an animal with medical needs?  Yes  No

If yes, please describe \_\_\_\_\_

Are you able and willing to foster animals:

- with Medical needs  Yes  No - Requiring Hospice Care  Yes  No

if yes, explain experience and limitations: \_\_\_\_\_

\_\_\_\_\_

- Behavioral needs  Yes  No

if yes, explain experience and limitations: \_\_\_\_\_

\_\_\_\_\_

Will you be able to separate foster animals from your own animals should the need arise?  Yes  No

How many hours during each work day will a foster dog be without direct care? \_\_\_\_\_

Where will a foster dog stay while you are at work or when you are not home? \_\_\_\_\_

Where would a foster dog sleep at night? \_\_\_\_\_

What is the maximum time you are able to foster \_\_\_\_\_

If there is a time limit, please explain \_\_\_\_\_

Will you be able to transport your foster pet to/from pet adoptions/other events and vet?  Yes  No

Do you have any objections to SLAR / representative conducting an on-site visit to your home where the foster animal(s) will be kept?  Yes  No

Are you able and willing to follow instructions?  Yes  No

SLAR requires two references from people who are not family members or living with you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Consolidated Foster Care Agreement

### 1. Voluntary Service & Compensation

Foster services are performed strictly on a voluntary basis. I understand and agree that I am providing these services without any express or implied promise of salary, compensation, or payment of any kind. I am not an employee of SLAR and am not eligible for workers' compensation or other employee benefits.

## 2. Foster Care Responsibilities

- Supplies: I agree to provide nutritious food, litter, crates, bedding, toys, and other necessary items for the animal's well-being while it is in my care.
- Transportation: I am responsible for transporting foster animals to and from veterinary appointments and SLAR-sanctioned events as required.
- Safety & Security: I will keep the foster animal safe and secure at all times, adhering to all SLAR safety guidelines (e.g., leash requirements, indoor-only for cats).

## 3. Ownership & Adoption Authority

- Legal Ownership: SLAR retains sole legal ownership of all animals placed in foster care. The foster animal remains the property of SLAR and must be returned immediately upon request.
- Decision Making: SLAR retains final authority over all aspects of the animal's care, including medical treatment, adoption placement, and final home approval.
- Adoption Authority: I will not promise the animal to any individual or imply that I have the authority to approve a potential adoption.

## 4. Medical Care & Emergency Protocol

- Medical Authority: I understand and agree that The Sweet Life Animal Rescue (SLAR) retains sole authority over all medical decisions for the foster animal. I will not authorize or seek any medical treatment, including but not limited to vaccinations, medications, or surgeries, without prior written approval from The Sweet Life Animal Rescue
- Reporting & Transport: I agree to immediately report any and all medical issues, illnesses, or injuries observed in the foster animal to a designated SLAR representative. In the event medical care is required, I agree to transport the animal to a veterinary clinic of SLAR's choosing. I understand that if I seek unauthorized veterinary care at a clinic of my own choice, I will be solely responsible for all resulting costs and SLAR will not reimburse any such expenses.

## 5. Liability Waiver & Hold Harmless (California/NY Specific)

I have read and understand the statements above. I certify that all information in this application is true and correct. I understand that while SLAR takes reasonable care to screen animals, it makes no guarantees regarding an animal's health, behavior, or actions.

I acknowledge that I receive foster animals at my own risk. I hereby release, indemnify, and hold harmless SLAR and its officers from any and all liability for property damage or personal injury suffered by me, members of my household (including my own animals), or third parties, including injuries caused by the foster pet or resulting from SLAR's ordinary negligence. I assume full liability for providing adequate controls to prevent such damage or injury.

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

Print Name: \_\_\_\_\_

Thank you! Please return to [TheSweetLifeARNY@icloud.com](mailto:TheSweetLifeARNY@icloud.com)

Additional info: \_\_\_\_\_

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