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## APA Foster Application & Agreement

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

Interested in fostering what type of animals?: \_\_\_\_\_

\_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

List all members of household; please include ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We ask that you attend a foster orientation and possibly have a home check prior to fostering animals for us.

Please list your available days/times: \_\_\_\_\_

\_\_\_\_\_

Primary caregiver (s): Will be home (on the average) how many hours?

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_

Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_

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Where in your home will you keep your foster animal(s)?

During the day: \_\_\_\_\_

\_\_\_\_\_

During the night (please include sleep area): \_\_\_\_\_

\_\_\_\_\_

Please list experience you have with animals of various temperaments and dispositions  
(Example: Experience with nursing kittens/puppies, animals with fear-based behavior, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If necessary, are you able to administer medications? \_\_\_\_\_

Please provide the species, number and age of animals already at your home, and frequent animal visitors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If necessary, would you be able to separate foster(s) from your other animals, and how would you do so?

\_\_\_\_\_

Are your own pets currently vaccinated?

\_\_\_\_\_

Are your own pets spayed/neutered?

\_\_\_\_\_

Have you or another foster care member of your household attended any training classes related to foster care, behavior workshops, etc? \_\_\_\_\_

\_\_\_\_\_

First of all, welcome to the APA/DAPA foster family! Your choice to become a foster parent is wonderful, and you will be helping us save lives. We can't thank you enough for your generosity.

**By fostering for APA/DAPA, you agree to the following:**

1. Communication with us during your fostering is essential, and we are here to support you at every turn.
  - a. APA will maintain contact with you and will be available for consultation for any issues/problems that may arise.
  - b. Please inform us immediately of any and all health, temperament, training, or other issues.
  - c. In the event of a medical emergency, please contact us first. If, for any reason, contact is not possible in a timely manner, you can seek veterinary care to ensure the safety and well-being of the animal. Once we are contacted or get back in touch with you, a decision will be made as to further treatment.
2. Only APA representatives have the authority to accept an animal into our program, place an animal into his/her adoptive home and/or receive monies. In other words, the animal remains the property of APA; therefore:
  - a. Fosters cannot accept any animal into our program unless authorized by an APA representative.
  - b. Fosters shall not place the animal or enter into an agreement with potential adopters without full consultation with APA and with our adoption application/agreement in place; however, we do appreciate and welcome your help in finding a perfect match for your foster animals.
  - c. Emergency and approved medical expenses may be submitted to us for reimbursement. Unless it is an emergency situation, all expenses must be pre-approved for reimbursement prior to incurring the expenses.

I agree to abide by all policies during the time I foster for APA. I understand that it is my decision to foster for APA and do not hold APA liable for any damage, injury or harm caused directly or indirectly by my fostering activities. I understand that APA cannot guarantee or be responsible for temperament, health or behavior issues of any animals I choose to foster. I am aware that foster animals may cause property or personal damage and agree to supervise/securely contain any foster animals in my care; I will not allow my foster animals to roam free or off-leash at any time nor go to the dog park unless authorized to do so. I understand that APA will pay for (pre-approved or emergency) medical expenses incurred by the foster animal while in my care, but I am responsible for everyday expenses, such as food and treats.

All information on my foster application/agreement is true and complete. I am in full agreement with these terms. APA shall not be liable for, and is hereby relieved from all liability for any damage, expenses, causes of action, fines, suits, demands, judgments or claims of any nature whatsoever arising from, or by reason of, any damage to property or injury to any persons caused in whole, or in part, by the foster animal. I hereby accept and assume such liability and agree to protect, indemnify and hold APA harmless from and against all of the aforesaid.

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