

**HARBORS ASSOCIATION OF VOLUNTEERS FOR ANIMALS (HAVA)
APPLICATION & AGREEMENT FOR FOSTER CARE PROVIDER**

**ANIMAL SELECTION FOR FOSTER CARE IS AT THE SOLE DISCRETION OF THE HAVA
BOARD**

Date: _____

Name: _____ Age (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Do you own or rent

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Email Address: _____

If there are children living in your household, what are their ages: _____

Which do you prefer to care for (please check all that apply):

Adult Cats: Kittens: Nursing Cat Moms with Kittens: Bottle Fed Babies

Adult Dogs: Puppies: Nursing Dog Moms with Puppies: Bottle Fed Babies

Have you attending a HAVA Volunteer Orientation? Yes No

*This is not required; however **you will be required to attend a Foster Orientation.***

Do you currently have pets: Yes No

Have you pets been spayed and/or neutered? Yes No

Number of: Cats Dogs Other: _____

Are they current on rabies vaccination(s)? Yes No Boosters: Yes No

Please circle any diseases your household pets may have or had: Parvo, Distemper, Feline Leukemia,

FIV, Other: _____ When: _____

Do you have an enclosed outdoor area? Yes No How high is the barrier? _____

Where will your foster animals be housed? _____

How long will you be able to foster an animal or litter? _____

I agree that my services as a Foster Care Provider are provided on a strictly volunteer basis. I shall receive no pay, benefits or compensation of any kind from HAVA for my foster care of animals.

I agree to provide foster care in strict compliance with the policies and procedures of HAVA. This includes but is not limited to:

- a. Providing adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.
- b. Monitoring the animal(s) and providing proper care & socialization to increase their possibility for adoption.
- c. Calling the Foster Care Coordinator or Shelter Manager and/or the HAVA Line (360) 942-4716 within 24 hours of any major change in the fostered animals health or animal being lost.
- d. Agree to represent yourself professionally.
- e. Agree to transport the fostered animals to and from the veterinarian for care as needed.
- f. Agree to not transfer any animal I am fostering to another Foster Care Provider without specific consent from the Foster Care Coordinator or the Shelter Manager.

Please write your initials on the line to the left of each paragraph AFTER you have read it.

___ HAVA reserves the exclusive right to determine the proper course of action to take upon notification by the Foster Care Provider of any inability to comply with this agreement

___ I understand and agree that the fostered animal(s) are the exclusive property of HAVA and This Foster Care Agreement transfers no ownership rights.

___ I understand all foster animals must be scheduled for sterilization. Appointments for sterilization will be set up through the Foster Care Coordinator or Shelter Manager.

___ I understand if any foster animal under my care dies, the Foster Care Coordinator or Shelter Manager is notified immediately or verification of death signed by a licensed veterinarian must be provided.

___ I will respect HAVA's decision to determine whether a Foster Care Provider can adopt a foster animal.

___ I fully understand and agree that the ultimate disposition of any animal(s) under this foster care agreement is at the sole discretion of HAVA.

___ 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); and Rabies and are free of parasites.
- Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3-in-1 booster), Feline Leukemia and Rabies and are free of parasites

____ I understand I will be provided with food and litter (cats/kittens) at no expense to me. All foster animal veterinary care will also be covered by HAVA.

____ I understand if a fostered 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 HAVA. Discussion with HAVA's consulting veterinaries will determine the length of time necessary before fostering any animal again in a Foster Care Provider's home that has been exposed to a specific disease. If a Foster Care Provider's home is exposed to either Parvovirus or Feline Panleukopenia (feline distemper), they will not be allowed to foster the species of animal affected by the disease for at least six months. In the instance of any other diseases it is recommended that they do not foster for at least two weeks. The Foster Care Provider will be responsible for appropriately sanitizing all infected areas.

____ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case HAVA shall take immediate possession of the fostered animal(s).

Indemnity

____ I agree to release, discharge, indemnify and hold harmless HAVA, including its agents and employees, for any and all 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 HAVA, its agents, volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

____ I understand that public relations are an important part of volunteering in the foster care program. I agree on behalf of myself, my heirs, personal representatives and executors to allow HAVA to use any photographs taken of me for use of public relations efforts. HAVA will use reasonable efforts to notify me but such notification is not a condition of its release for public relation purposes.

____ I understand that I may refuse to be photographed and that such refusal shall not change my status as a HAVA Foster Care Provider.

I have received, read and understand the Foster Care Guidelines provided during orientation by HAVA.

Foster Care Provider

Date

Foster Care Coordinator or designee

Date