



## Follow Your Heart Animal Rescue

A 501(c)(3) Nonprofit Charitable Organization

Phone 480-807-0085

[www.followyourheartanimalrescue.org](http://www.followyourheartanimalrescue.org) | Email/PayPal: [followyourheartfoundation@gmail.com](mailto:followyourheartfoundation@gmail.com)

### FOSTER LIABILITY WAIVER

I/we \_\_\_\_\_ and \_\_\_\_\_ understand that all work performed with Follow Your Heart Animal Rescue. (FYH) is voluntary and at my/our own risk, and therefore, release FYH, its director(s), affiliate(s), and representative(s) of any and all public liability, property damages and/or medical costs incurred while I/we are providing fostering services for FYH.

I/we do hereby on behalf of myself/ourselves, heirs, administrators and assigns, irrevocably and unconditionally release and agree to hold harmless FYH, its director(s), affiliate(s), and representative(s) from any and all known or unknown, anticipated or unanticipated, suspected or unsuspected and/or fixed, conditional or contingent actions, causes of action, charges, suits, debts, expenses, including and without limitation, attorney's fees, or damages, including but not limited to any medical costs, damages or property, person(s), or other pet(s) of any kind, nature and description at law or in equity, in connection with or arising from my/our voluntary services performed with FYH.

I/we understand that a home visit is REQUIRED prior to volunteering/fostering, and that Follow Your Heart Animal Rescue may, at its discretion, make follow-up visits to ascertain if my home continues to meet the requirements of a volunteer/foster. Furthermore, FYH may excuse me/us from services at any time, for any reason at all, as my service is voluntary and subject to sole discretion of FYH.

By affixing my signature below, I acknowledge that I have read, understand and agree to ALL of the provisions set forth in this contract and I further agree to abide by all of its terms and provisions, completely.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### Follow Your Heart Animal Rescue

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

**Home Visit Scheduled For:** \_\_\_\_\_ (Date/Time)

**Home Visit Completed On:** \_\_\_\_\_ (Date/Time)

Home Visit Completed By: \_\_\_\_\_ (Printed Name)

Signature of FYH Representative: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_



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## FOSTER APPLICATION

Name: \_\_\_\_\_ \*Facebook Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

\* Facebook will be the primary method of communication, if this does not work please tell us the best way to get in touch with you. \_\_\_\_\_

I certify that I am at least 18 years of age: **Y / N** Why do you want to foster a rescue animal(s)? \_\_\_\_\_

Special considerations, request or preferences you have in fostering a rescue animal(s)? \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_ Phone: \_\_\_\_\_

Animal(s) will be kept: Inside Outside. When not home, where will animal be kept? \_\_\_\_\_

Where will animal(s) sleep? \_\_\_\_\_

Is your back yard fenced? **Y/N** What type of material? Block Wood Chain Link Wrought Iron

Other: \_\_\_\_\_

What is height of fence? (5' minimum) 5', 6' 7'. \_\_\_\_\_

Other (Explain): \_\_\_\_\_

Do you have a doggy door? **Y/N** Do you have a crate? **Y/N** Do you have an exercise pen (X-Pen)? **Y/N**

Do you have a swimming pool? **Y/N** Is your pool fenced? **Y/N** Is your gate secured with a lock? **Y/N**

How do you feel about dog obedience training? \_\_\_\_\_

**Have you had an animal contract parvo in the last 6 months? Y/N**

**If yes, do you currently reside at the same residence? Y/N**

Do you agree to keep current license and I.D. tag(s) on animals always **Y / N**

Do you agree to **NEVER** allow foster animal(s) to ride in the back of an open vehicle un-kenneled? **Y / N**

Do you agree to obey all leash laws? **Y / N**

Do you agree to **NEVER** take foster animal(s) to **ANY** dog parks? **Y / N**

Do you agree to **NEVER** allow strange or unknown animal(s) to meet nose to nose with your foster? **Y/N**

(Fosters will be given information on how to introduce animal(s) properly. Proper introduction procedures are required and **MUST** be followed in order to insure safety of all animal(s) at all times.



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How many adults live in your home? \_\_\_\_\_ Number of children in home? \_\_\_\_\_ Please list names and ages of whether full or part-time in home: \_\_\_\_\_  
Who in household will care for foster animals? \_\_\_\_\_

List one personal reference who is NOT a family member: Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Pets you currently own and/or have in your home: \_\_\_\_\_ Dog(s), Breed(s): \_\_\_\_\_

Gender(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ Cat(s): \_\_\_\_\_ Reptile(s): \_\_\_\_\_ Bird(s): \_\_\_\_\_ Other(s): \_\_\_\_\_  
\_\_\_\_\_

Your Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Can you provide proof your pet(s) is/are current on all required vaccinations? **Y / N**

Can you provide proof that your pet (s) are spayed/neutered, if required? **Y / N**

Do you        Own        Rent your home?      How long have you lived in your home? \_\_\_\_\_

If you rent, have you received permission from your landlord? **Y / N**

What type of home do you reside in?        Condo        Apartment        House        Other (explain): \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

I agree that the animal(s) placed in my care is/are the property of Follow Your Heart Animal Rescue, and will be treated as such. I will be responsible for the animal while in my possession. I agree to do no harm to the animal(s) while in my care, and further agree to seek medical attention, when appropriate, if the animal(s) become sick or injured. I agree to contact Follow Your Heart Animal Rescue immediately if the animal requires medical care/attention, or if I am unsure. Additionally, I agree to give any/all medications to the animal(s) while in my care, as necessary and/or required, if the animal(s) is/are being treated under veterinary instruction. I attest that all answers above are true to the best of my knowledge. If any of the information given above is found to be untrue or falsified, I understand that my foster application will be denied, and that I can be removed as a foster at any time either before or after I begin fostering for Follow Your Heart Animal Rescue for any reason. I agree to surrender the animal(s), including any and all property that I may have in my possession belonging to Follow Your Heart Animal Rescue to a FYH representative immediately, upon request.

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

Printed Name: \_\_\_\_\_ **[HOME CHECK WILL BE REQUIRED]**