

Follow Your Heart Animal Rescue

A 501(c)(3) Nonprofit Charitable Organization
Phone 480-807-0085



www.followyourheartanimalrescue.org | Email/PayPal: 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]**