

# FOSTER APPLICATION - MOV Animal Safe Haven



## CONTACT INFORMATION

Name:	Date:	Foster ID:
Address:		
Cell Phone:	Other Phone:	
Emergency Contact:	Emergency Contact Phone:	
Email:	Other:	

## HOUSEHOLD DESCRIPTION

- A home check is required before approval as a foster.
- Also verification that all personal pets are vaccinated and healthy is also required.)

Describe other members of household (people). Please include children and ages.	
Describe any pets in the home. Species, breed, age, etc.	
Are all your pets spayed and neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Who is your Vet?	Vet Phone No.:
Are all your pets current on vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent	If you rent, does your lease permit animals?
Do you foster for any other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Fosters programs you would like to help with: <input type="checkbox"/> Domestic Violence Victim pets <input type="checkbox"/> Medical Emergency Patient pets <input type="checkbox"/> In-home Care	
Describe in detail your animal experience.	
What will you do with your fosters when you are out of town? Describe any scheduled or planned trips or events that would affect your ability to care for your foster. Include dates and duration.	

**REFERENCES**

- Please provide references that have knowledge of your experience with animals and/or direct knowledge of your trustworthiness and dependability.
- Also notify your references that we will be contacting them and for what reason.
- Including the best time to contact them and ensuring their understanding for our call, will accelerate our processing of your application.

1 <sup>st</sup> . Ref. Name:	Relationship to you:
Address:	
Cell Phone:	Other Phone:
Email:	Best time to contact:
Feedback from reference:	

2 <sup>nd</sup> Ref. Name:	Relationship to you:
Address:	
Cell Phone:	Other Phone:
Email:	Best time to contact:
Feedback from reference:	

**FOSTER INTERESTS**

What type of pets are you prepared to foster? <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Reptile <input type="checkbox"/> Rabbit <input type="checkbox"/> Horse   Other: _____	
Describe any size, age, breed, etc. preferences or exceptions you want us to know about.	
Describe your facilities for housing the animal(s) specified above and what supplies you would need from us to make fostering easier for you? (Crates, bowls, beds, etc.)	
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	How high? _____ How large? _____
How do you intend upon exercising your foster dog if you do not have a fenced yard?	
How long are you willing to foster for? <input type="checkbox"/> 1 week <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> As long as I am needed	

## FOSTER AGREEMENT - MOV Animal Safe Haven

I agree that as a Foster I shall provide my foster with quality care including but not limited to food, water, shelter, grooming, exercise and medical treatment as instructed and needed. I understand that they are my full responsibility while in my care and as such it is my responsibility to ensure they are safely housed and properly cared for.

I also understand that any property damage done by the foster or injury to one of my personal pets is my responsibility.

I understand that MASH will provide medication and supplies for the care of the foster as needed and as I make them aware of said need. This may include food, bedding, toys, collar and leash, etc.

I understand that I am to notify the MASH coordinator IMMEDIATELY in the event that my foster is sick, injured or lost. I understand I am to provide medical attention at the approval and direction of the MASH Coordinator only. Veterinary care not approved and directed by MASH will be at my expense. All other medical treatment will be at the expense of the owner or MASH.

I understand that the animal I am fostering remains the property of its owner and that I am only providing temporary housing and care for said animal. I understand and acknowledge that I have no right or authority to keep the foster animal or place the foster in other homes or places other than my own; unless directed to do so by the MASH Coordinator.

I understand that I am to return the foster to owner via the MASH Coordinator when notified to do so and within 24 hours of said request.

**Domestic Violence Victim Animals:** I understand that if I have agreed to foster an animal whose owner is a victim of domestic violence that there is a serious need for discretion and confidentiality. I understand that I will:

- Not post any pictures of my foster on social media sites or discuss same on such sites,
- Avoid taking the foster out into public places, especially parks or heavily trafficked areas where it may readily be seen by the public. Unless necessary for medical needs.
- Not discuss or share any details about my foster that may be known to me with anyone outside immediate family members, such as where the pet came from or that it is from a domestic violence situation. I will also explain the same to my family members and require that they understand the rules we must all follow.
- Disclose only that I am a foster for MASH, a rescue organization that helps people in crisis and that as such, my fosters are not available for adoption.

If for any reason I am unable to continue to care for the animals under my watch, I will notify the coordinator immediately and preferably provide at least 24 hour notice if for some unforeseen circumstance arises that causes me to no longer be able to meet the requirements of fostering.

I understand that I will not be held liable or responsible for the condition of my foster before or after being cared for in my home, but am responsible for providing the best care possible and keeping the coordinator informed of any problems or concerns I may have.

Foster Signature: \_\_\_\_\_

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

MOV Animal Safe Haven Representative: \_\_\_\_\_

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