Feline Friendz in Nebraska

FOSTER CARE APPLICATION & AGREEMENT

Date:_____

Name:_____ Are you over 18 years old? Yes No

Address:_____ City:_____ Zip:_____

Home Phone: ( )_____ Work Phone: ( )_____

Cell Phone: ( )_____ E-Mail:_____

Do you have a valid driver's license? _____ Driver's License #:_____

Employer:_____ Position or Title:_____

Employer Address:_____ City:_____ Zip:_____

Employer Phone:_____

Do you live in a house, condo, apartment, mobile home, or other structure?:_____

Do you own or rent the place where you live:_____ If you rent, are animals allowed:_____

If you rent, please provide you landlord's contact info:_____

If there are restrictions on animals, explain:_____

_____

Number of adults in your household:_____

If you rent or reside in another person's home, provide their name and telephone number:_____

_____

Number of children in your household:_____ Their ages:_____

Do the other members of your household support your decision to foster?:_____

Which member of the household will be the primary caregiver to the foster?:_____

Do you have a yard: Yes No Is the yard completely fenced: Yes No

Circle option that describes your normal day: Home all day Out part-time 7-10 hrs daily

Indicate pets currently living with you: _____Dogs _____Cats _____Birds _____Other

What experience have you had with animals?:_____

_____

How did you hear about us?:_____

List the names, ages, sex, types, and breeds of pets you have now:_____

_____

_____

_____

Have you had any pets in the last five years that are not listed?: Yes No

If yes, please explain: _____

_____

Have you ever surrendered an animal to a shelter?_____

If yes, please explain: _____

_____

Name of your veterinarian:_____ Phone:_____
Address:_____

Personal Reference #1:

Name:_____ Phone:_____ Email:_____

Personal Reference #2:

Name:_____ Phone:_____ Email:_____

Personal Reference #3:

Name:_____ Phone:_____ Email:_____

Are your cats: _____Indoor only _____Outdoor only _____Both

Are your pets current on their vaccinations:_____

Are all your pets spayed and/or neutered: Yes No If no, please explain:_____

_____

Has your cat(s) been tested for FIV: Yes No ___Positive ___ Negative

Has your cat(s) been tested for FELV: Yes No ___Positive ___ Negative

Which of your pets are declawed?:_____

Are you able to take in cats or kittens under 1 year of age?:_____

Are you willing to foster a litter of kittens?: Yes No

What type of animal(s) would you like to foster:

• Young unweaned kittens without a mom: Yes No

• Young unweaned kittens with mom: Yes No

• Weaned kittens: Yes No

• Adult cats: Yes No

• Special Needs (recovering, sick, underweight, or injured pets): Yes No

• Other [specify_____] Yes No

What types of behavior problems are you willing to handle? (keep in mind we are not always aware of existing behavior problems until cars are placed in a home.):_____

_____

How many adult cats can you foster?:_____

How long are you willing to foster at any one time:_____

Are you willing to foster more than one animal at a time: Yes No

Any foster pet you take needs to get along with: _____dogs _____cats _____kids ____ other

How will the foster pet receive exercise:_____

Where will the foster pet be kept [indicate —day“ with a —D“ and —night“ with an —N“:

____Loose Indoors ____Basement ____Garage ____Closed in a room [___x___]

____Fenced yard ____Pen [____x____] ____Loose outdoors

____Tied outside ____Crate or Carrier Other:_____

Will the foster have access to a window: Yes No

Have you cared for young, unweaned kittens before: Yes No

If yes, explain:_____

How young:_____

Have you ever had a kitten pass away: Yes No

If yes, how many?:_____

If yes, explain:_____

Have you ever given medication to sick animals before: Yes No

If yes, explain:_____

Are you willing to provide food and litter at your own cost for foster pets: Yes No

How many hours on average will the foster cat be alone during the day?:_____

Have you fostered an animal before: Yes No

If yes, what organization did you foster for:_____

Do you currently have any foster pets in your home?:_____

I, _____ [name of foster applicant] make the above statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to any animals Feline Friendz in Nebraska may temporarily place in my care.

• I agree to provide a FFiNE representative access to all parts of my home and property for a home inspection before my application to foster is approved.

• I understand that I may be required to provide foster care to my foster animal for an extended and indefinite period of time.

• I agree that I am over 21 years of age.

• I understand that FFiNE provides no guarantee as to the health of my foster animal and that my foster animal may have medical needs, socialization problems, and may not be housebroken. I understand that FFiNE does not knowingly misrepresent any animals age, condition of health, or temperament.

• I must notify FFiNE if my foster cat exhibits any signs of aggression or has bitten anyone seriously enough for that person to require medical treatment

• I must notify FFiNE immediately if my foster escapes or is injured or if my foster cat develops a health concern. Unless it is an emergency, all medical treatment must be approved by FFiNE.

• I agree to use FFiNE approved clinics for medical care of fosters including after hour urgent care.

• I agree to provide my foster animal with veterinary care as authorized by FFiNE I will not arrange or pay for any elective veterinary care for my foster animal without the express consent of an authorized FFiNE representative. I understand that I will not be reimbursed for any expenses not approved in advance by FFiNE.

• I will take all necessary precautions to prevent my foster animal from either impregnating another animal or becoming impregnated. In the event that happens, I will notify FFiNE immediately.

• Foster cats are to be kept separate from my pets from my pets for at least a 1 week quarantine period

• I understand that FFiNE may euthanize a cat due to a health issue.

• I understand that I may only have my foster animal temporarily.

• I agree that I am fostering this animal for FFiNE, and that I do not have any right of ownership over my foster animal. I further agree that FFiNE‘s rights in and to my foster animal are superior to mine. I also agree to provide a FFiNE representative access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.

• I agree to immediately return any foster animal in my care to FFiNE at the request of its authorized representative at any time and for any reason. If FFiNE is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify FFiNE for all court costs and attorneys‘ fees connected with such an action.

• If I am planning to move at any time during the period when I am housing a foster animal, I agree to contact FFiNE prior to my move and provide FFiNE with my new contact information. I understand that FFiNE has the right to request return of my foster animal based on my change of residence, and agree that I will surrender my foster animal to FFiNE immediately upon request.

• I understand that as long as I provide foster care to my foster animal to FFiNE‘ satisfaction, I will be given the first right of adoption of my foster animal, at such time as FFiNE decides to place my foster animal for adoption.

• Foster Caregiver agrees not to alter in any way the appearance of the animal being fostered without written permission of FFiNE. This includes declawing.

• Foster cats must be kept inside my home, cat carrier, or in a cat proof enclosure, at all times and that a cat carrier will be used when transporting the adopted animal outside the confines of my property.

• I must provide my foster cat with quality food, adequate water, a clean litter box, scratching posts/pads, and toys or structures for play.

• I must provide my foster cat with at least an hour per day of interaction and play unless the cat refuses.

• I agree not abuse or neglect the adopted animal, and I authorize Feline Friendz in Nebraska at its sole discretion, to determine whether or not the pet has been abused or neglected.

• If at any point I can no longer, or do not want to continue to, provide care and shelter for my foster animal, I agree to contact FFiNE and arrange for surrender and return of my foster animal back to FFiNE at my expense.

• I will not transfer possession or custody of my foster animal to any other person at any time, except for temporary, short-term possession for the purpose of vet care, grooming, etc.

• I agree to contact FFiNE with any and all questions or concerns about my foster animal or the Foster Care Program as well as with updated contact information.

• I may not, without permission of FFiNE, take possession of any cat from a shelter or person while acting as a representative of FFiNE.

• I agree that if I refuse or fail to comply with any provision of this agreement, FFiNE has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animal(s). I further consent to provide FFiNE access to my premises if necessary to facilitate the return.

• I agree that the opportunity given to me to help rehabilitate my foster animal, as well as the chance of a potential future adoption, is of significant benefit to me, and serves as proper legal consideration in exchange for my agreement to the terms of this contract.

I have read this Application and Agreement in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful, under penalty of perjury under the laws of the State of Nebraska.

_____ _____

Signature Date

_____

Printed Name

Return Application and Agreement to:

Feline Friendz in Nebraska

P.O. Box 641818

Omaha, NE 68164

Or Email: info@felinefriendz.org

For FFiNE use only:

Approved: Yes No Staff Initials:_____

Date:_____

Comments:_____

_____

FELINE FRIENDZ IN NEBRASKA VOLUNTEER WAIVER

I, the volunteer, _____ hereby agree to accept a position in a VOLUNTARY capacity as a VOLUNTEER for the FELINE FRIENDZ IN NEBRASKA FOUNDATION (hereinafter referred to a “FFiNE”). I understand that the term VOLUNTARY means that I render actions or services to FFiNE with charitable motives. I understand that VOLUNTEER means a person who freely chooses and renders services to FFiNE in a voluntary capacity.

1) Waiver and Release. I, the volunteer, release and forever discharge and hold harmless FFiNE and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work at FFiNE. I understand and acknowledge that this Agreement discharges FFiNE from any liability or claim I may have against FFiNE with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in my provision of volunteer services with FFiNE.

2) Insurance. I understand that FFiNE does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of injury, illness, death, or property damage. I expressly waive any such claim for compensation or liability on the part of FFiNE beyond what may be offered freely by FFiNE in the event of such injury or medical expenses incurred by me.

3) Medical Treatment. I hereby release and forever discharge FFiNE from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical service rendered in connected with an emergency during my tenure as a volunteer with FFiNE.

4) Assumption of Risk. I understand that my tenure as a volunteer with FFiNE may include activities that may be hazardous to me including but not limited to, handling domestic animals, construction activities, and loading and unloading of heavy equipment and materials. Also, I recognize and understand that my tenure as a volunteer with FFiNE may, in some situations, involve inherently dangerous activities. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release FFiNE from any and all liability for injury, illness, death, or property damage resulting from my tenure as a volunteer with FFiNE.

5) Relationship with FFiNE. I do hereby acknowledge that I do not have any employment relationship with FFiNE and that I do not expect to receive any offer of employment, entitlement, benefits, or compensation for my work as a volunteer with FFiNE.

6) At Will Service. I do hereby acknowledge that my service and work provided to FFiNE is performed of my own free-will and volition. As such, I may be asked, at any time and for any reason, to cease my activities with or without notice.

7) Individual Responsibility. I recognize that it is my personal responsibility to conduct myself within the confines of all applicable federal, state, and local laws during my tenure as a volunteer with FFiNE. In addition to this, I acknowledge and understand it is my responsibility to be familiar with and adhere to all relevant FFiNE policies, procedures, and other relevant documentation, including but not limited to, the FFiNE by-laws. Furthermore, I do hereby acknowledge and understand that it is my responsibility to immediately notify a designated agent of FFiNE (such as a staff member or volunteer Supervisor) if I am witness to or a participant in any activity during my tenure as a FFiNE volunteer that may jeopardize the safety and wellbeing of myself, animals and/or others, as well as the successful operation of FFiNE, including but not limited to any illegal or illicit activities, unsafe work procedures and conditions, abuse/neglect to the animals ,etc. Also, I do recognize and understand that my acknowledgement of such instances and activities does not remove from me my

responsibility related to such instances and activities as outlined herein

8) Photographic Release. I do hereby grant and convey unto FFiNE all right, title and interest in any and all photographic images and video or audio recordings made by FFiNE during my tenure as a volunteer with FFiNE.

9) Confidentiality. I do hereby understand and acknowledge that during my tenure as a volunteer with FFiNE, I may have access to Confidential Information not generally known to the public concerning the business of FFiNE. I do hereby agree that during my tenure as a volunteer with FFiNE and all times thereafter, I will hold FFiNE Confidential Information in strict confidence, and will not disclose or use such information outside of the scope of my volunteer service with FFiNE, or without FFiNE's prior authorization. For purposes of this Agreement, "Confidential Information" includes, but is not limited to, information regarding projects and potential projects, organizational practices, donors and potential donors, sponsors, methodologies, management philosophy, and information concerning FFiNE's employees and volunteers. I further agree and understand that I will immediately return all FFiNE Confidential Information at the end of my tenure as a volunteer, or whenever requested by FFiNE.

10) Other. I do hereby expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska in the United States of America, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Nebraska. I agree that in the event should any clause or provision of this Agreement be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforceable.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING VOLUNTEER WAIVER AND RELEASE AND THAT I WILL COMPLY WITH THE SAME.

_____Date: _____

Signature of Volunteer

_____ Date: _____

Signature of Feline Friendz Representative