

## Foster Application

Thank you for your interest in fostering! Please answer all questions. This information is important to ensure that the animal you are interested in fostering is going to a safe place.

**Please note: We reserve the right to refuse the ability to foster to anyone. Please be advised that we will not foster to persons who mislead or fail to provide accurate information on this application. You will be notified if your application has been approved.**

### Household Information:

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

Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ ID/Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Are you currently (circle all that apply): Employed full time    Employed part time

Student                  Retired                  Other

How many other adults live in your home? \_\_\_\_\_ Please list their names and ages: \_\_\_\_\_

How many children live in your home? \_\_\_\_\_

Please list their ages: \_\_\_\_\_

Are all members of your household aware of and in agreement with you fostering? If not, please list who is not in favor: \_\_\_\_\_

Do you (circle one):                  Own your home                  Rent your home

Is your home (circle one):                  House                  Condo                  Apartment

**Required:** Name of homeowner (If not SELF): \_\_\_\_\_

Relationship with homeowner: \_\_\_\_\_

Homeowner's phone number: \_\_\_\_\_

**Required:** Name of landlord: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

Does your lease allow pets (circle one): Yes No Don't know

Do you have a fenced yard (circle one): Yes No

Type of fence: \_\_\_\_\_ Fence height: \_\_\_\_\_

**Foster Information**

Why do you want to foster?

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If interested in fostering a dog, what level of exercise do you prefer?

- Couch potato
- Short walks
- Vigorous walks
- Hiking/jogging

Do you have any preferences of what type of fostering you want to do? Circle all that apply.

Socialize feral/semi feral cats      Mom and litter (cats)      Mom and Litter (dogs)      Puppies  
Kittens      adult cat      adult dog      Foster to adopt: who? \_\_\_\_\_      bottle feeding  
Sick animal      injured animal/surgery recovery      senior cat or dog/ special needs  
Other: \_\_\_\_\_

Do you have experience with what you circled above?

If yes, please describe your experience: \_\_\_\_\_

Have you fostered with other organizations? No Yes: If so, who: \_\_\_\_\_

**Vet Care**

Do you provide vet care for your current animals? Yes No

Please provide a description of what you consider to be routine vet care:

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Who is your current or most recent veterinarian? \_\_\_\_\_

Vet's phone number: \_\_\_\_\_

## Current Pets

How many pets do you currently have? \_\_\_\_\_ please list all:

Name	Species/Breed	Age	Spayed/Neutered?

Do your pets wear identification tags?            Yes            No            N/A

Are your pets vaccinated annually?            Yes            No            N/A

Do you use heartworm preventative?            Yes            No            N/A

Do you use flea/tick preventative?            Yes            No            N/A

Have your cats been tested for FIV/FelV?            Yes            No            N/A

Where do you keep your pets in the day? \_\_\_\_\_

Where do you keep your pets at night? \_\_\_\_\_

If applicable, how often are your cats allowed outside? \_\_\_\_\_

## New Foster Pet

How will do you plan to allow a dog outdoors? (Circle all that apply):

Tie out/ Chain                      Garage                      N/A, indoors only                      Fenced yard

Invisible fence                      Leash walks                      loose to roam                      Outdoor pen

If loose to roam, then please explain: \_\_\_\_\_

How long will you keep the animal you are planning to foster?

Until adoption                      Until it is available for adoption (foster while it is in quarantine/sick)

I am interested in adopting the animal I foster                      Other: \_\_\_\_\_

For cats, what are your intentions regarding declawing? Check all that apply:

- Declaw immediately
- Regular nail trims
- Train to use scratching post
- Discourage inappropriate scratching
- Wait and see if declawing is necessary
- What is declawing, could you provide me with more information?
- N/A

What would cause you to return the foster? Check any that apply:

- Can't housebreak the pet
- Pet chews or is destructive
- Pet bites someone
- Doesn't get along with my own pets
- Too much energy
- Pet develops medical problems
- Can't afford to foster
- Change in relationship, new partner doesn't like pet, has allergies, etc.
- Not enough time to socialize the foster
- Life change, such as new job, international travel, etc.

Please list two personal references whom we may contact:

1. Personal reference #1 \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Personal reference #2 \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Lastly, is there anything else you would like us to know about you?

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Please sign:

The following statements are true to the best of my knowledge:

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

**RELEASE OF LIABILITY**

**(Volunteer/foster person with Oak Ridge Animal Shelter)**

I, \_\_\_\_\_, for valuable and sufficient employment by the City of Oak Ridge, Tennessee, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge the City of Oak Ridge, Tennessee, of and from any and all manner of action or actions, cause or causes of actions, suits, liability for personal injury or death or damages incidental thereto, including, but not limited to, medical bills, life earnings, pain and suffering, claims and demands whatsoever, in law or equity, which against the City of Oak Ridge or its employees, agents or representatives I have had, now have, or which I may have on account of my taking and participating in volunteer employment given by the City of Oak Ridge, and anything incidental thereto, or which my heirs, executors, or administrators hereafter can, shall or may have, for or by reason of any manner, cause, or thing whatsoever, from this date forward.

Furthermore, I realize the potential danger and hazard in volunteer employment, and anything incidental thereto, and therefore I hereby assume all risks and dangers to both my health and life, regardless of the nature or method of creation of such risks and dangers, and hereby bind my heirs, executors, administrators, and assigns to said assumption.

It is my intent in agreeing to the above provisions that neither the City of Oak Ridge nor any of its employees, agents, or representatives be held liable or be required to expend any money for any reason whatsoever in regard to my participation, involvement, or connection with the volunteer employment or anything incidental thereto.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteers in Police Services  
City of Oak Ridge, Tennessee  
RELEASE OF INFORMATION AUTHORIZATION**

I, (PEASE PRINT NAME) \_\_\_\_\_, the undersigned do hereby authorize my former schools, colleges, universities, my former employers or any other party to release any and all transcripts or my grades, records of employment, documents, reports, evaluations, and other information concerning me, whether personal or otherwise, to the City of Oak Ridge and its representatives. I hereby authorize all local, state, and national law enforcement agencies to release any and all information pertaining to my arrest history and status to the City of Oak Ridge. This information is to be provided in connection with my application for volunteering with the police department. Further, I do hereby agree to waive any privileges that I may have said information furnished pursuant to this authorization. Reproduced copies of the authorization are as valid as the original copy.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Street Address (Include City, State, and Zip Code)

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Driver's License Number and State