



4370 E 3500 S Road
 St. Anne, IL 60964
 815-922-2325 or 815-482-4486
sunrisecenteranimalrescue@comcast.net
www.sunrisecenteranimalrescue.org/

Foster Application

Thank you for joining Sunrise Center Animal Rescue as a foster.

Please know that we truly appreciate your time and effort on behalf of the pets in our care.

Name _____ Cell _____ Other Phone _____

Address _____ City _____ St _____ Zip _____

Email _____ Do you check your email daily? Yes No

In Case of Emergency Contact

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please check any other areas in which you would like to volunteer

- Cleaning cages and kennels Socializing cats / kittens Home visits
- Transporting to vets Walking Dogs Fundraising
- Adoption Events Any way needed Other _____

What days and hours are you available to help _____

Have you ever fostered before? Y N Where/contact _____

Have you volunteered with other rescues? Y N Where/contact _____

Please tell us about your current pets

Species/ Breed	Name	Age	Altered Y/N

Continue on back if needed

Vaccination protocol

Rabies Y N Parvo/Distemper Y N Bordetella. Y N

Flea Preventative Y N Heartworm Preventative Y N Type _____

Vet Name _____ Vet Phone _____

Vet Address _____ May we contact vet for reference Y N

Do you have any formal training, knowledge, or skills with animals? Explain

Briefly describe your housetraining or behavior correction technique? _____

Briefly give your reason for wanting to foster? _____

Check all that apply regarding your residence:

___Own ___Rent ___Condo ___Apartment ___House

If rented landlord's name _____ Phone _____

May we contact them for approval Y N Comments _____

Do you agree to a home visit as part of the approval process to become a foster home Y N

Is your yard fenced Y N Describe _____

Will pet have unsupervised access to the fenced yard? Y N Comments _____

Is your home non-smoking Y N Comments _____

Where will the pet eat? (example utility room) _____

Sleep during the day? (Living room) _____ At night? _____

Will the pet have access to furniture/beds? Y N Comments _____

Will pet be restricted to parts of the home? Comments _____

How many adults will be living in the house? _____ Sexes/ ages _____

How many children / sexes / ages? _____

Is there a limit to the time you can keep the dog until it gets adopted? Y N

How long? _____ Reason for the limit? _____

How many hours each day will this pet be alone? _____

Do you own a crate? Y N Will you be crating the dog when you are not at home Y N

Are you willing and able to bring the dog to adoption events? Y N Comments _____

Is it possible for a potential adopter to visit the pet at your home? Y N

If yes, any restrictions? _____

Any thing you would like us to know about your own pets' behavior, or your preferences in a foster pet to make a good match with a foster pet? _____

Pease read and initial if you agree

_____ I understand that in handling animals and performing other volunteer tasks there may exist the risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge and indemnify and hold harmless the Sunrise Center Animal Rescue and their officers, directors, agents, employees and fellow volunteers (collectively the released parties) from any and all claims, causes of action or demands, of any nature or cause, including costs and attorney fees incurred by Sunrise Center Animal Rescue in connection with the claim. Based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the Sunrise Center Animal Rescue, including by not limited to bites, scratches, accidents, injuries, emotional or stress related issues.

_____ I agree that I will not remove a pet or transport the animal(s) to any location unless specifically requested to do so by authorized personnel of Sunrise Center Animal Rescue.

_____ I agree to surrender the pet when asked to do so by Sunrise Center Animal Rescue.

_____ I agree to accept a non-paid position as a volunteer with Sunrise Center Animal Rescue and in doing so I agree to comply with all the rules and regulations that may be established and communicated to me from time to time and I understand that failure to do so may result in immediate termination of that position. I further acknowledge that as a volunteer I will receive no compensation or pay for the services that I provide for Sunrise Center Animal Rescue.

_____ I understand that public relations is an important part of operation as a 501C3 agency, so on behalf of myself and my heirs, personal representatives, and executors I allow Sunrise Center Animal Rescue to use any photographs taken of me or my family while participation in Sunrise activities for public relations efforts.

_____ I understand that any veterinary care needed by the foster animal in my care must be approved by the rescue before the services are sought. If an emergency and you are not able to reach your contact at Sunrise Center Animal Rescue you must use the specified vet indicated for treatment. Failure to do so may result in the rescues inability to reimburse you for services.

Agreed and accepted:

Signature _____ Date _____

Signature _____ Date _____

Contacts:

Virginia Marsick 815-922-2325

Karen Hemza 815-482-4486

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www.sunrisecenteranimalrescue.org

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