Sunrise Center Animal Rescue
Phone: 815-482-4486
3306 Waldron Rd, Aroma Park, IL 60901
sunrisecenterinc@yahoo.com

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.

ABOUT THE FOSTER

Foster's Full Name: _____

Street Address: _____City/State: _____

Zip: _____Home Phone: _____Cell Phone _____

Email Address: _____

Driver's Licences Number_____

Age:_____ Occupation:_____

Briefly give your reason for wanting to foster?

_____

_____

_____

ABOUT YOUR RESIDENCE

Circle all that apply regarding your residence:

Own Rent Condo Apartment House

If you rent, please provide the Landlord's Full Names _____

Landlord's Phone _____May we contact them for approval? YES NO

Is your home non-smoking? YES NO

Do you agree to a home visit as part of the approval process to become a foster home? YES NO

How many adults will be living in the house? _____Genders and Ages? _____

How many children will be living in the house? _____Genders and Ages? _____

PREVIOUS EXPERIENCE

Have you ever fostered with another rescue before? YES NO

If YES, where? _____

If you have fostered for another rescue, may we contact them? YES NO

Contact information:_____

Have you ever volunteered with other rescues? YES NO

If YES, where? _____

If you have volunteered for another rescue, may we contact them? YES NO

Contact information:_____

Briefly describe your housetraining or behavior correction technique?

_____

_____

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

_____

_____

_____

CURRENT PETS IN YOUR HOME

Please tell us about your current pets

NAME	CAT/DOG	MALE OR FEMALE	SPAYED/NEUTER	INSIDE OR OUTSIDE	CURRENT ON VACCINES?

VACCINATION INFORMATION

Are all pets in your home current on their Rabies Vaccine? YES NO

Are all pets in your home current on their Parvo/Distemper Vaccine? YES NO

Are all pets in your home current on their Flea Preventative? YES NO

Are all dogs in your home current on their Bordetella Vaccine? YES NO

Are all dogs in your home current on their Heartworm Preventative? YES NO

If yes,what type of Heartworm Preventive are they on? _____

VETERNARIAN INFORMATION

Veterinarian's Full Name _____

Vet's Address: _____City/State_____

Zip Code: _____ Vet's Phone: _____

Do we have your permission to contact them for your information? YES NO

YOUR FOSTER'S LIVING SITUATION

Where will the foster be staying during the day?_____

Where will the foster be sleeping during the night?_____

Will the foster be restricted to parts of the home? YES NO

If yes, please explain: _____

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

Do you own a crate? YES NO Will you be crating the foster? YES NO

If yes, please explain (please note that crating is not a bad thing!)

_____

Is there a limit to the time you can keep the foster until they get adopted? YES NO

If yes, please explain:

_____

_____

Is there anything you would like us to know about your own pets' behavior, or your preferences in a foster pet to make a good match with you and your home life?

_____

_____

_____

_____

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Foster Agreement

Please 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 ACCECPTED

Foster's Signature _____ Date_____

Sunrise Signature _____ Date _____