

## **PAWS CARE of Montgomery County**

P.O. Box 78

Coffeen, Illinois 62017

217-313-3015

[www.mcpawscare.org](http://www.mcpawscare.org)

[pawscare@hotmail.com](mailto:pawscare@hotmail.com)

### **Foster Care Program**

The foster care program allows PAWS CARE to temporarily place animals with volunteers while the animals are waiting to be adopted. Volunteer Foster families take in domestic animals and provide love and care until we can place these animals into their new "forever home".

#### **To become a volunteer, you must first:**

1. Fill out a foster care application and have it approved by PAWS CARE.
2. Have landlord approval (if applicable).
3. Allow PAWS CARE to visit your home twice a year.
4. Have adequate space and time to care for foster animals.
5. Be willing to allow potential adopters visit with the animal (by appointment).
6. Pay a \$25 annual fee to the Department of Agriculture for a foster home license.

#### **Basic responsibilities of Foster Care Volunteers:**

1. Provide food, water, socialization, basic training, exercise, and administer medications as needed for foster animals.
2. Provide a secure home for the animals.
3. Ensure that all household pets are healthy and current on vaccines.
4. Observe foster animals and report any problems or questions to PAWS CARE.
5. Understand that veterinary care cannot be sought without approval from PAWS CARE.
6. Return all animals to PAWS CARE as scheduled or requested.
7. Make a commitment to the foster care program and the animals that we are helping.

**Thank you for your interest in the PAWS CARE fostering Program.**

**FOSTER CARE APPLICATION**

Date: \_\_\_\_\_ License Fee of \$25.00 Paid \_\_\_\_\_

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

Address \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Do you own or rent? \_\_\_\_\_ Landlord's Name and Phone \_\_\_\_\_

How long at current home? \_\_\_\_\_ Number of adults in home: \_\_\_\_\_ Children: \_\_\_\_\_

Ages of Children at home: \_\_\_\_\_ Fenced Yard: \_\_\_\_\_ Fence Height \_\_\_\_\_

Is someone home during the day? \_\_\_\_\_

Have you ever had an animal impounded? \_\_\_\_\_ IF YES EXPLAIN: \_\_\_\_\_

Where will animal be kept?      Loose in House      Crate      Outside Kennel      Garage  
   Basement      Other: \_\_\_\_\_

List any pets you currently have at home:      Number of your Pets at home: \_\_\_\_\_

<b>Pet's Name</b>	<b>Age</b>	<b>Breed</b>	<b>Sex</b>	<b>Spayed/ Neutered</b>	<b>Current on Vaccinations</b>	<b>Dog and/or Cat Friendly</b>

*List any additional pets on the back of this application.*

Current Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

You are interested in fostering the following type of animals:

**Adult Dog** – Small, medium, or large

Puppy

Litter

Cat

Kitten

Bottle fed animal

special needs

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**\*\*OFFICE USE ONLY\*\***

PAWS CARE Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

Withdrawn

Reason: \_\_\_\_\_

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## **FOSTER CARE AGREEMENT**

### **Care, Control and Responsibility**

- I agree that the animal(s) that I care for, legally belongs to PAWS CARE of Montgomery County
- I understand and acknowledge that once the animal(s) is in my possession, the animal(s) is in my care and control and my responsibility. PAWS CARE is NOT responsible for any damages to property. PAWS CARE is NOT responsible for medical bills or time paid off work if the foster or any member or guest of that household is bit or injured by the animal.
- I understand and acknowledge that it is my responsibility to ensure that the animal and all people that come into contact with the animal are kept safe.
- I will **not** allow the animal(s) to run at large.
- I agree to keep the cat(s) indoors are all times.
- I understand that the animal(s) I am fostering may not be altered when I first receive them. I agree to use caution and ensure that my foster animal is not allowed to be around any unaltered animals.

### **Adoptions**

- I understand and acknowledge that I do not have any right or authority to keep the foster animal(s) or place foster animal(s) with other individuals unless permission is expressly given by PAWS CARE.
- I agree to talk to and/or meet with potential adopters about the personality of the foster animal to help determine if the animal would be a good match for the adoptive family.
- I agree and understand that I do not have the authority to approve or deny an application. I may, however, discuss my concerns and recommendations with PAWS CARE staff.
- I understand that I may be given information about a potential adopter. This information is to be kept confidential. As a foster I am not authorized to do any background, landlord, or vet checks on the potential adopter.
- I agree to cooperate with PAWS CARE volunteers to make foster animals available at offsite adoptions.
- I understand that I may be allowed to adopt the foster animal. I understand that I must give notice to PAWS CARE staff of my intention to adopt as soon as possible, and that the standard qualifications and adoptions fees would be required. Once the animal is considered available for adoption, I may lose the opportunity to adopt the animal

### **In Case of Emergency**

- I agree to immediately contact authorized PAWS CARE volunteers of any emergency. PAWS CARE is not obligated to reimburse the foster for unauthorized veterinary visits. Foster families will be given personal cell phone numbers of authorized PAWS CARE volunteers once a successful foster placement is made.

### **Communication with PAWS CARE Volunteers**

- I agree to notify PAWS CARE if I can no longer able to care for the animal.
- I will notify PAWS CARE immediately in the event that a change occurs in my address, telephone number, or the health of the animal.
- I will notify PAWS CARE immediately if the animal in my care is lost.
- I will allow PAWS CARE to inspect the premises where the animal(s) will be living. This is to determine that the area is suitable for the care of the animal(s).
- I agree to return provisions and equipment to PAWS CARE when not fostering.
- I understand that I cannot take the animal(s) out of town unless authorized by PAWS CARE.
- I agree to return the animal(s) to PAWS CARE upon request.

### **Medical Treatment of Foster Animal**

- A Potential foster animal may have some medical condition and/or need of treatment which requires a lengthy fostering obligation (in rare cases, even months) until an adoptive family is found. PAWS CARE will do their best to estimate the length of time needed for the animal. I agree that if at some point I cannot continue my obligation, I will notify PAWS CARE as soon as possible so that another foster home can be found for the animal. PAWS CARE will provide medical care for the foster animal(s). I agree to bring the animal(s) to the Vet as approved by PAWS CARE for any medical treatment.
- I agree to maintain the animal's specified diet and give medications as instructed.
- I agree to maintain the PAWS CARE Intake Sheet and log all Medical treatment and information pertaining to the animal.

### **License**

- All foster homes are licensed by the State of Illinois through PAWS CARE. Each foster home is limited to 4 adult animals or 4 adult with litters under 8 weeks of age. No licensed foster home is permitted to take animals into their homes without the permission of PAWS CARE. The foster agrees to pay the initial licensing fee of \$25.00. If upon renewal time, PAWS CARE and the foster wish to continue their relationship, PAWS CARE will pay the licensing fee.

***Any violation of this contract gives PAWS CARE the right to terminate this Foster Agreement***

On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless PAWS CARE, its agents, servants and volunteers from any and all claims, causes of actions or demands, of any nature or cause connected with my fostering services. This might include attorney's fees, court costs and other costs incurred by PAWS CARE in connection with my fostering services based on damages or injuries that may be incurred or sustained by me in any way. Such damages and injuries might include, but are not limited to animal bites, animal scratches, accidents, injuries and damage to personal property.

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Please print - Name of Foster Applicant

Date

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Signature of Foster Applicant