



MA-F. I. A.

MASSACHUSETTS Feline Intervention Alliance

FOSTER CARE APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Are you over 18 years old? ☐ Yes ☐ NoIs your residence: ☐ House ☐ Condo ☐ Mobile Home ☐ Apartment ☐ Farm ☐ Other _____Do you: ☐ Own ☐ Rent ☐ Live w/others ☐ Other _____If you rent or reside in another person's home, are animals allowed: ☐ Yes ☐ No

If there are restrictions on animals explain: _____

Required: Name & Telephone Number Of Landlord. *(Application cannot be processed without it.)*

Name: _____ Tel#: _____

How many adults in the home? _____ How many children in the home are under 18? _____

Ages of children if applicable: _____

How long are you willing to foster at any one time: ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months ☐ Until adopted

What are you interested in fostering? (Check all that apply)

☐ Weaned kitten(s) (5 weeks - 1 yr) ☐ Young cat(s) (1 - 5 yr) ☐ Cat 5 + yr ☐ Special needs – timid/shy☐ Special needs - medical Do you have experience giving medication to sick cat/kitten ☐ Yes ☐ No☐ Mom with kitten/Pregnant mom ☐ Bottle Baby kittens Do you have experience caring for Bottle Babies? ☐ Yes ☐ No, Tube Feeding ☐ Yes ☐ No If yes, explain: _____Have you ever fostered animals before? ☐ Yes ☐ No If Yes, with whom? _____Which of these describes your normal day: ☐ Home all day ☐ Out part-time ☐ Gone 7-10 hours dailyIndicate pets currently living with you: ☐ Dogs ☐ Cats ☐ Birds ☐ Other _____Do you have the ability to separate your animals from foster animals? ☐ Yes ☐ NoAre your pets good with cats/kittens? ☐ Yes ☐ No ☐ Unknown

If you have cats, do you keep them indoors or do you let them out? _____

Are your pets current on their vaccinations: ☐ Yes ☐ No Are your pets spayed / neutered: ☐ Yes ☐ No

If no, please explain: _____

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Name of your veterinarian: _____ Tel#: _____

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I agree to:

- Provide a MA-F.I.A. representative(s) access to my home/property for an inspection before my application to foster is approved.
- Immediately return any foster animal in my care to MA-F.I.A. at the request of its authorized representative(s) at any time and for any reason. If MA-F.I.A. is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify MA-F.I.A. for all court costs and attorney's fees connected with such an action.
- Contact MA-F.I.A. with any and all questions or concerns about my foster animal or the Foster Care Program as well as with updated contact information.

I understand that:

- While fostering for MA-F.I.A. I agree that I will not foster for any other organization or bring animals from another organization into my home.
- I agree to provide a MA-F.I.A. representative access to my home and property to check on my foster animal(s).
- I may only have my foster animal temporarily, or I may be requested to provide foster care to my foster animal for an extended and indefinite period of time.
- MA-F.I.A. makes 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.
- If I provide care of my foster animal to MA-F.I.A.'s satisfaction, I will be given the first right of adoption of my foster animal, at such time as MA-F.I.A. decides to place my foster animal for adoption. *(Unless I am fostering an animal that has an approved adoption application)*
- If I move at any time during the period when I am housing a foster animal, I agree to contact MA-F.I.A. prior to my move and provide MA-F.I.A. with my new contact information. MA-F.I.A. has the right to request return of my foster animal based on my change of residence, and I agree that I will surrender my foster animal to MA-F.I.A. immediately upon request.
- 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 MA-F.I.A. and arrange for surrender and return of my foster animal back to MA-F.I.A.
- 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, _____ [name of foster applicant] make the above statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to cats/kittens that MA-F.I.A. may temporarily place in my care.

VOLUNTEER RELEASE: I hereby fully and forever release and discharge Massachusetts Feline Intervention Alliance [MA-F.I.A.], its agents, directors, officers and liability insurance carriers from all actions, damages, or judgments which I have now or in the future may have against MA-F.I.A., for all personal injuries to myself, known or unknown, arising out of my activities as an adult volunteer of MA-F.I.A. I, the undersigned, have read this Release and fully understand all of its terms and conditions, and I sign it voluntarily and with full knowledge of its significance.

I have read this Application in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful.

Signature: _____ Date: _____

Witness: _____ Date: _____

If this application is for a minor child, please complete the Parental Consent form on next page

For MA-F.I.A. use only:

Approved: ☐ Yes ☐ No Staff Initials: _____ Date: _____

Comments: _____

MA - F. I. A.

PARENTAL CONSENT AND WAIVER: I consent and agree to allow my minor child [print his/her full name]

_____ to volunteer with Massachusetts Feline Intervention Alliance
[MA-F.I.A.].

In consideration for allowing my child to volunteer with MA-F.I.A. I agree to assume any and all risks connected with my minor child's participation in MA-F.I.A.'s activities.

I waive, release and hold harmless MA-F.I.A. from any and all claims for damages or injury to my minor child as a result of his/her participation as a volunteer with MA-F.I.A., including any and all claims of negligence of others, and agree to hold MA-F.I.A. and all persons or organizations associated with MA-F.I.A. harmless for any claims made against them as a result of the actions of any minor child of mine who participates as a MA-F.I.A. volunteer.

I represent that I am the parent and/or legal guardian of this minor child and that I am not under any legal disability that would inhibit my ability to understand and grant this waiver and release.

Signature: _____ Date: _____

Witness: _____ Date: _____