

West Side Animal League (WSAL) Foster / Volunteer Agreement

Please complete all areas highlighted in BLUE below. Save the document with the File Name in the following format: **(Your Last Name - WSAL Foster Agreement - Date Completed)**. Email the completed application to westsideanimals@gmail.com. If you prefer to complete a printed copy of this application, please mail to: **West Side Animal League, Attention: Volunteer Coordinator, P. O. Box 150673, White Settlement, TX 76108-0673** or you may complete one at any WSAL adoption event. **Please also sign up as a Friends of West Side Animals Meetup member at <http://www.meetup.com/West-Side-Pet-Adoption-Meetup-Group/>**

| | | | | | |
|--|--|--------------------------|-------------------------|--------------------------|-------------------|
| Name: | | Birthdate: | | | |
| | <i>(First and Last)</i> | | <i>(M/D/YYYY)</i> | | |
| Address: | | | | | |
| | <i>(Street, City, State, Zip)</i> | | | | |
| Phone 1: | Phone 2: | Can we text you? | | | |
| <i>(Primary)</i> | <i>(Alternate)</i> | <i>(Y/N)</i> | | | |
| Email Address: | Do you have internet? | | | | |
| <i>(Preferred email address)</i> | | | <i>(Y/N)</i> | | |
| Emergency Contact : | Phone Numbers: | | | | |
| <i>(Name / Relationship)</i> | | | | | |
| How many and what type of Personal Pets do you currently have? | | | | | |
| (Species and Breed/Age): | | | <i>(Number? or N/A)</i> | | |
| | <i>(N/A)</i> | | | | |
| How many and what type of Foster Pets do you currently have? | | | | | |
| (Species and Breed/Age): | | | <i>(Number? or N/A)</i> | | |
| | <i>(N/A)</i> | | | | |
| Are these through WSAL or another organization? | If No, Group Name: | | | | |
| <i>(Y/N or N/A)</i> | | | | | |
| Are all animals up to date on vaccinations? | Sterilized? | | | | |
| <i>(Y/N or N/A)</i> | | | <i>(N/A)</i> | | |
| If NO please provide reason: (Reason not sterilized) | | | <i>(Y/N or N/A)</i> | | |
| | <i>(N/A)</i> | | | | |
| Do you Rent or Own? | Do you have homeowners / renters insurance? | | | | |
| | | | <i>(Y/N)</i> | | |
| If you rent, has landlord approved fosters? | May we contact them? | | | | |
| <i>(Y/N)</i> | | | <i>(Y/N or N/A)</i> | | |
| Landlord Information (Name and Number) | | | | | |
| | <i>(N/A)</i> | | | | |
| Do you have a fence and if so what type? | | | | | |
| <i>(Y/N)</i> | <i>(Fence Type / Height or N/A)</i> | | | | |
| Alternate plan if no fence? | | | | | |
| | <i>(Taking out on a leash / outdoor kennel etc.?) or N/A</i> | | | | |
| Will you be able to attend adoption events, normally held on weekends? | | | | | |
| | <i>(Y/N)</i> | | | | |
| Please place an X by all animals you would be interested in fostering: | | | | | |
| <input type="checkbox"/> | Adult Dogs | <input type="checkbox"/> | Puppies | <input type="checkbox"/> | Mother Dog/Litter |
| <input type="checkbox"/> | Adult Cats | <input type="checkbox"/> | Kittens | <input type="checkbox"/> | Mother Cat/Litter |
| <input type="checkbox"/> | Neonatal Puppies | <input type="checkbox"/> | Neonatal Kittens | <input type="checkbox"/> | Special Needs |

Other:

(Seniors/Weight Limits/Etc.)

Do you have experience medicating animals?

(Oral/Sub Q IV/Injections)

Will you be able to quarantine animals if needed? How and Where?

Please list any additional training or experience you have relating to animal care below:

I understand that I am assuming the liability for the care of the animals placed with me and will not hold West Side Animal League (WSAL) or any of its members, associates or representatives liable for any injuries/incidents that may occur while the animal is under my care. I also acknowledge that, when providing foster care for WSAL, I am acting as a volunteer. Further, I fully understand and agree to assume all risks involved in any and all duties that I perform for WSAL in my volunteer capacity and I agree to hold them harmless for any injury(s) I, or any member of my family, household member or personal pet, might sustain during the course of my volunteer duties as foster caregiver. This waiver does include myself, all of my family/household members and descendants forever from seeking any legal action whatsoever against WSAL or their representatives. I am legally responsible for any animal actions by the animal while the animal is in my sole care or on my property (when not attending a sponsored event the foster is responsible for the safety and welfare of those who come into contact with the animal).

I understand that the foster care guidelines/agreement does not transfer ownership of the animal(s) to me and that the ownership of the animal(s) under my care remains with WSAL. I also understand that this is a voluntary relationship and that either party may choose to end the foster care relationship. However, under no circumstances, will I abandon or neglect the animal(s) under my care. I realize I am responsible for any veterinary care I seek for this foster animal that has not been pre-approved by a member of the WSAL Board of Directors. I will immediately return the animal to WSAL prior to ending this relationship unless the animal has been adopted and I have been instructed to give the animal to the new adoptive family. If at any time I am requested to return the animal and I refuse to do so within 24 hours I will accept ownership of the animal and be responsible for any and all actions taken by the animal or on behalf of the animal effective from the time the request was made. I will remain in contact with WSAL and my failure to do so will signify my intent to maintain full responsibility of the animal including any adoption fees, verification of spay/neuter to appropriate authorities and all other items normally the responsibility of WSAL or an adopter/owner.

I understand and accept my rights and responsibilities as a Volunteer and Foster for WSAL and acknowledge this understanding by signing this agreement or by completing the below portion and emailing it to an approved representative of WSAL.

Name

Date

(Form Rev. 11/2013)