



Starting Over Animal Rescue
Foster Care Application & Agreement

P.O. Box 286
Schnecksville, PA 18078
kaska23@ptd.net
www.startingoveranimalrescue.org

PLEASE PRINT CLEARLY

Name: _____ Date of Birth (if under 18): _____

Address: _____ City: _____ State: _____

Zip code: _____ Email address: _____

Home/Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Prior Foster Care Experience? [] Yes [] No If yes, where: _____

Do own or rent the place where you live? _____ If rent, are animals allowed? _____

If you rent or reside in another person's home, please provide their name and phone number: _____

Number of children in the household: _____ Children's ages: _____

Do you have a fully fenced yard? [] Yes [] No

Indicate which option describes normal day: [] Home all day [] Gone part-time [] Gone more than 7 hrs/day

Indicate pets currently in the household: ___ Dog/s ___ Cat/s ___ Birds ___ Other: _____

Are you pets: [] Indoor only [] Outdoor only [] Both indoor/outdoor

Name of your veterinarian: _____

Are all household pets up to date on vaccinations? [] Yes [] No If no, please explain: _____

Are all household pets spayed or neutered? [] Yes [] No If no, please explain: _____

What type of animal(s) would you like to foster:

- [] Unweaned kittens without their mom [] Unweaned kittens AND their mom [] Weaned kittens [] Adult cats
[] Unweaned puppies without their mom [] Unweaned puppies AND mom [] Weaned puppies [] Adult dogs

How long are you willing to foster at any one time? _____

Are you willing to foster more than one animal at a time? [] Yes [] No

Any foster pet you care for needs to get along with: [] Dogs [] Cats [] Children

Where will the foster pet be kept during day ("D") and night ("N")? _____ Loose indoors ___ Fenced yard

___ Tied outside ___ Basement ___ Garage ___ Closed in a room ___ Pen/crate ___ Loose outdoors

Have you cared for unweaned puppies/kittens before? [] Yes [] No If yes, please explain: _____

Have you ever given medication to sick animals before? [] Yes [] No If yes, please explain: _____

Are you willing to provide proper food and litter (cats only) at your own cost for foster pets? [] Yes [] No



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I, _____, make the above statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to any animals SOAR may temporarily place in my care.

Completion of application is not a guarantee of acceptance.

• I agree to provide a SOAR representative access to all parts of my home and property for a home inspection before my application to foster is approved.

- I understand that I may be required to provide foster care to my foster animal(s) for an extended or indefinite period of time.
- I attest that I am at least 21 years of age.
- I understand that SOAR provides 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 house trained.
- I agree to provide my foster animal with veterinary care **as authorized by SOAR**. I will not arrange or pay for any elective veterinary care for my foster animal without the express consent of an authorized SOAR representative.
- I will take all necessary precautions to prevent my foster animal from either impregnating another animal or becoming pregnant. In the event that happens, I will notify SOAR immediately.
- I understand that I may only have my foster animal temporarily.
- I agree that I am fostering this animal for SOAR and that I do not have any right of ownership over my foster animal. I further agree to provide a SOAR representative access to my home and property to check on my foster animal at any time that I am in possession of my foster animal.
- I agree to immediately return a foster animal in my care to SOAR at the request of its authorized representative at any time and for any reason. If SOAR is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify SOAR for all court costs and attorneys' fees connected with such an action.
- If I intend to move at any time during the period when I am housing a foster animal, I agree to contact SOAR at least 30 days prior to my move and to provide SOAR with my new contact information. I understand that SOAR has the right to request return of my foster animal based on my choice of residence, and agree that I will surrender my foster to SOAR immediately upon request.
- I understand that as long as I provide foster care to SOAR's satisfaction I will be given the first right of adoption of my foster animal, at such time as SOAR decides to place my foster animal for adoption.
- 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 SOAR and arrange for surrender and return of my foster animal back to SOAR.
- 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 agree that if I refuse or fail to comply with any provision of this agreement, SOAR has the right to terminate this agreement and has the right to the immediate surrender and return of my foster animal(s). I further consent to provide SOAR access to my premises if necessary to facilitate the return.

I have read this application and Agreement in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful, under penalty of perjury under the laws of the State of Pennsylvania.

Signature: _____ Date: _____

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