

ANIMAL RESCUE RECON

P.O. Box 638, Oakley CA 94561

925-392-7654

AnimalRescueRecon@gmail.com

FOSTER CARE PROGRAM INFORMATION

Welcome to Animal Rescue Recon Foster Care Program. We are always looking for good fosters and are pleased that you have decided to join our group of volunteers. Fostering is both a challenging and rewarding task that requires a lot of time, effort and patience. To help in your efforts we have outlined your responsibilities and listed some of the policies and procedures that Animal Rescue Recon has set for its Foster Care Program.

RESPONSIBILITIES:

Fosters will be responsible for general care and feeding of all Animal Rescue Recon animals in their care. This will include, but is not limited to the following:

1. Providing food, water and anything else to keep your foster nutritionally sound. Food will be provided. This includes feeding your foster on a regular schedule of food recommended by Animal Rescue Recon or a veterinarian. Young kittens or puppies may need around the clock feeding. Special diets may be recommended at times requiring the foster care provider to prepare food.
2. Administer oral or topical medications to animals as determined by a veterinarian. Medications may have to be administered around the clock or with very specific foods or under very specific circumstances. A veterinarian approved by Animal Rescue Recon will provide all medications needed, at Animal Rescue Recon's expense.
3. Provide grooming on a regular basis. Long-haired dogs and cats need daily brushing and combing. Cats and kittens need flea combing regularly. Young kittens SHOULD NOT be bathed or flea dipped. Daily removal and washing of bedding and daily flea combing is the ONLY safe method of flea control.
4. Provide regular exercise for the foster in your care. All animals need exercise. Large dogs need lots of room to exercise. If you have a small home and are caring for a large dog, it should be given daily walks or runs, accompanied by you, of course. Cats should be provided with some approved toys/furniture so they can sharpen their claws.
5. Provide special training on occasion such as housebreaking, leash training, and other behavior modifications needed to make the foster adoptable.
6. Provide transportation for the foster in your care as needed. You will be responsible for getting your foster back to Animal Rescue Recon for vaccinations and veterinary care. You may also be responsible for transporting foster to the veterinary office if needed. You may be asked to bring your foster to various adoption events.

Initial:_____

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FOSTER CARE AGREEMENT

I understand that I have the right to surrender the animal(s) back to Animal Rescue Recon if circumstances develop where I am unable to give the best possible care.

I WILL NOT TRANSFER THE ANIMAL(S) TO ANY OTHER PERSON OR ORGANIZATION WITHOUT THE WRITTEN APPROVAL OF ANIMAL RESCUE RECON._____ *(initial)*

I also understand that I will be responsible for the daily care and feeding of the animal(s) that I am fostering. Should the animal become ill or injured while in a foster situation, I will contact Animal Rescue Recon as soon as possible.

Animal Rescue Recon cannot be responsible for veterinary charges incurred without prior approval. No warranty or claim is made or implied in regards to the animal's health or medical history.

As a **Foster Care Provider**, I understand that the animal(s) is just temporarily in my care and belongs exclusively to Animal Rescue Recon. I further understand that the purpose of this foster relationship is to solely provide care for this animal(s) until ready to be put up for adoption or permanently placed in a home. As such, I understand that it is my responsibility to provide temporary responsible care for the animal(s) while I am on vacation. I agree to have a disaster plan in effect for all Animal Rescue Recon foster animals. I will have a container filled with three (3) days of food, water, leashes and litter (if applicable). All Animal Rescue Recon animals will have identification on at all times. It is understood that when the animal(s) are ready for adoption, I will make them available to Animal Rescue Recon. Animal Rescue Recon will decide on any, and all placements of the animal(s).

I further understand that as a **Foster Care Provider**, I agree to keep all of my pets current on all vaccinations and licensed with the proper agency. I also understand that I will not hold Animal Rescue Recon responsible for any damages to my home incurred by this foster animal(s) nor for any disease my personal pets may contract from the foster animal(s), or for physical injuries incurred by me, other household members, visitors or personal pets.

AC/AD # _____ **Description:** _____

Provider Name *(please print)*: _____

Address: _____ **City/Zip:** _____

Home: _____ **Cell:** _____ **Work:** _____

Email: _____ **DL#:** _____

I have received the ARR Foster Care Program Information: _____ *(please initial)*

Signature: _____

ARR Representative: _____ Date: _____

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FOSTER CARE APPLICATION

Puppies Adult Dog Senior Dog Pregnant / Special Needs Dog

Kittens Adult Cat Senior Cat Pregnant / Special Needs Cat

Foster Parent's Name: _____

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Cell / Work: _____

1. Are you a part of any other animal organization? Yes [] No []

If Yes, which one? _____

2. Why would you like to foster? _____

3. Do you live in a:

Condo/Townhouse [] Apt [] Duplex [] Mobile Home [] House []

4. Do you: Rent / Lease [] Own []

If you rent, is your lease: Yearly [] Monthly []

Name of complex and/or association: _____

Name & Phone # of Landlord or Owner: _____

Pet Policy: _____

How long have you been at this address? _____

5. How many adults reside at this address? _____

Are there children in the home? Yes [] No []

If yes, how many & what are their ages? _____

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6. Would there be anyone home during the day? Yes [] No []
If yes, who? _____

7. Do you have any dogs and/or cats at home now? Yes [] No []
Age _____ Breed _____ Sex _____ Licensed? _____
Age _____ Breed _____ Sex _____ Licensed? _____
Age _____ Breed _____ Sex _____ Licensed? _____

Have you had other pets in the past five (5) years? Yes [] No []
Age _____ Breed _____ Years Owned _____
Age _____ Breed _____ Years Owned _____
Age _____ Breed _____ Years Owned _____
If no longer owned, what happened to them? _____

8. What animal hospital / clinic do your (or did you) use?

9. Where will the foster animal(s) be when no one is home?
Indoors [] Outdoors [] _____

10. Where will the foster animal(s) sleep?
Indoors [] Outdoors [] _____

I, _____, agree that all of the information which I have given above is correct as written and I authorize Animal Rescue Recon to verify any information provided.

Foster Parent Signature

Date

Parent/Guardian must sign release if volunteer is under 18 years old and living at home.

Date

Foster Care Agreement Conditions

I agree to the following conditions: (Please initial each)

- _____ 1. I certify that my own pets are currently licensed and up-to-date on all vaccinations, including rabies.
- _____ 2. I agree to keep my pets separated from the foster animal(s) for at least 10 days. If the foster animal is incubating any disease, this separation will minimize the chance of my pets becoming ill.
- _____ 3. I agree to keep the foster animal indoors unless accompanied outside by myself.
- _____ 4. Should the foster animal become ill while in my care, I agree to call Animal Rescue Recon. Any charges that may incur through a private veterinarian will be at my expense. De-worming and vaccinations that may be required during the foster time will be provided by Animal Rescue Recon.
- _____ 5. I fully understand that the foster animal is the property of Animal Rescue Recon. Any decision made by the rescue coordinator will be followed by me, regarding the return and/or disposition of the foster animal.
- _____ 6. I agree to return the foster animal as instructed.
- _____ 7. I understand that Animal Rescue Recon is not responsible for any property damage and/or injuries that may occur while fostering animals. Any damages and/or injuries will be my responsibility.
- _____ 8. Animal Rescue Recon is held harmless should any of my personal animals become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my personal animal.

Print Name: _____

Signature: _____ Date: _____

VOLUNTEER
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK
INFORMED CONSENT, RISK ACKNOWLEDGMENT
AND INDEMNITY AGREEMENT

(completed by each volunteer)

PLEASE READ CAREFULLY

Volunteer Understands That by Signing this Agreement Volunteer is Waiving Certain
Legal Rights, Including the Right to Sue

Volunteer Personal Information:

Name _____
Address _____ City _____ State _____
Phone Number _____ Cell Number _____
E-Mail Address _____

This **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement** made this _____ day of _____, 20____, by and between ANIMAL RESCUE RECON, INC.

Hereinafter referred to as ARR, provides that I, _____

in consideration for receiving permission to volunteer my services in an effort to increase the welfare and likelihood of permanent placement for ARR dogs needing adoption, release, waive, discharge, and covenant not to sue ARR including, but not limited to, its Board of Directors, Officers, servants, agents and volunteers (hereinafter referred to as "Releases") from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my, or to any property belonging to me, whether caused by the negligence of the Releases or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I am fully aware of any risks or hazards connected with any activity, and I elect to voluntarily participate in the activity, and to engage in such activity knowing that the activity may be hazardous to my property and to me. I further understand that there are inherent risks in working

with dogs, including, but not limited to, bites, scratches, accidents, (e.g., being dragged or knocked down, tripping over a leash,) potential transmission of zoonoses, (e.g., salmonella, campylobacter), infection, (e.g., staphylococcus), dermatoses, (e.g., sarcoptic mange), internal, (e.g., worms), or external (e.g., fleas, ticks) parasites of other diseases, transmission of which may be aerosol, through direct contact with a dog, its bodily fluids, feces, bedding, etc., the consequences of which, to me, may range from mild to severe. ARR provides immediate, ongoing, and complete veterinary care for its dogs, including vaccinations, treatment for zoonoses, including dermatoses & parasites, and does its best to evaluate both dogs and volunteers, matching them according to the dogs' requirements and volunteers' abilities. However, it must be recognized that a dog's entire stay with ARR is an ongoing evaluation process. It must also be recognized that dogs are living creatures, and may exhibit a variety of behaviors at different times in the same of different circumstances.

I hereby state that the foregoing has been clearly explained to me, I've been encouraged to ask questions and have received the answers to those questions. I will continue to ask questions and receive instruction throughout my tenure as a volunteer. In consideration for receiving permission to volunteer my services in an effort to increase the welfare and likelihood of permanent placement for ARR dogs needing adoption, I expressly state, understand, and agree that I assume all risk arising from any and all activities and inter- actions with or on behalf of ARR and/or all dogs in, entering into, or leaving its care and/or custody.

I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, whether physical or emotional, including death, that may be sustained by me, or any loss of damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the Releases or otherwise. I understand that ARR makes no representations or warranties, express or implied, regarding any of the dogs with which I may work or otherwise come into contact. I understand that I may make no representations or warranties, express or implied, on neither behalf of ARR nor contract or otherwise bind ARR. Should I do so, I understand that I will be personally liable for any claims or damages arising from same, and restate my intention to hold Releases harmless and indemnify them from any such claims or damages.

I further agree to indemnify and hold harmless the Releases from any loss, liability, damage or costs, including court costs and attorneys fees, that they may incur due to my participation in the activity, whether caused by negligence of the Releases or otherwise.

I further agree to indemnify and hold harmless the Releasees from any and all liability for any damage to the property of, or personal injury to, any third party caused by a ARR dog.

It is my express intent that this **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement** shall bind myself and the members of my family and spouse, if I am alive, and my heirs and assigns,

executors and administrators, and personal representative, if I am deceased, shall forever waive and release all claims for damages whatsoever against ARR and shall be deemed as a release, waiver, discharge, and covenant not to sue the Releasees.

I expressly agree that this **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement**, is intended to be as broad and inclusive as permitted by the laws of the State of _____, and if any portion of this agreement is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

As a volunteer for ARR, I agree to provide my own automobile and health insurance at all times.

As a volunteer, I give my full permission for the use of my name, photographic, or video- taped likeness, to be used in any manner authorized by ARR.

This **Volunteer Release of Liability, Wavier of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement** shall be governed by and construed in accordance with the laws of the State of CA

In signing this Release, I acknowledge and represent that I have read the above **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement**, understand it, and sign it voluntarily as my own free act and deed; no oral presentations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen years of age and fully competent, and I execute this Release for full, adequate and complete consideration, fully intending to be bound by same.

Volunteer's Signature

Print Name