



West Coast Dog and Cat Rescue Canine Foster Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Place of employment: _____ Occupation: _____

Reason for interest in being a foster parent: _____

Do you: Own Rent Other, please explain _____

If you rent do you have landlord's permission to house a dog(s)? Yes No

What percentage of the time will the dog be left alone? _____

Where will it be left when alone? _____

What area(s) of the house will the dog be allowed in? _____

Where will the dog sleep at night? _____

Do you have a fenced yard? Yes No

How high is the fence? _____ What type? __a_____

Are you willing to foster a special needs f qi ? Yes No

Do you have any pets? Please explain _____

Are there children in the house? Yes No What age(s): _____

Are you willing to foster a dog that is,

- | | | | | | |
|-------------------|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|
| Not house trained | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Not dog friendly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not cat friendly | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Not child friendly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less than 15lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Requires minor training | | |
| 16-25lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i.e. Leash, collar, or crate training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25-50lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Under 6 months of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50-75lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Under 1 year of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Over 75lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1-6 years of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Over 6 years of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have a size or breed preference? _____

Are there any breeds that you are unable to foster? _____

Why? _____

Under what circumstance(s) would you have to give up your foster dog?

To be completed by WCDC staff

Volunteer application complete and signed _____ Date _____

Interview _____ Date _____

Home check _____ Date _____

Landlord approval _____ Date _____

Notes _____

Please read the following carefully before signing.

I understand that this is an application to West Coast Dog and Cat Rescue and is neither a promise of nor a commitment to any volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with West Coast Dog and Cat Rescue that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with West Coast Dog and Cat Rescue or my termination from a present or future volunteer position.

WAIVER

I recognize and understand the inherent risks associated with the care of animals, including but not limited to the possibility of any injury to person and/or property which I may suffer as a result of the unpredictable nature and/or provocation of animals. I understand that rescue animals may carry transmissible diseases which may be spread to my personal pets. I agree to take the proper precautions to minimize these risks. I will not hold WCDC responsible for any illness to my personal pet or any other animal under my care as a result of cross contamination from a WCDC animal. I further understand that West Coast Dog and Cat Rescue carries no personal and/or liability insurance for volunteers and that I should obtain such from a personal source should I require it.

I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits if or when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

In consideration of the mutual promises of the parties contained in this Waiver, or of the acts to be performed by either, the parties agree that I hereby knowingly and voluntarily waive any and all claims, damages or causes of action which I may have or incur against West Coast Dog and Cat Rescue, its officers, directors, agents, affiliates and employees as a result of my donation of time and effort.

This Waiver shall be binding upon the parties hereto, their heirs, assigns and legal representatives

Signature _____ Date _____

Signature of parent or guardian _____ Date _____
(If under 18 years of age)

Witness _____ Date _____
(Witness must be WCDC staff)