



**Foster Home  
Application, Agreement, Waiver**  
Wet-Nose Rescue  
P.O. Box 454  
Le Mars, IA 51031  
Contact phone: 712-540-5919  
Email: aaeyes2011@gmail.com

**Foster Home Agreement**

**Date** \_\_\_\_\_

Foster home primary care name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Primary care's Email address \_\_\_\_\_

Primary care's date of birth (Must be 18 year or older) \_\_\_\_\_

Primary care's driver's license # \_\_\_\_\_

**Pet fostering agreement. Please read carefully before signing.**

I, the undersigned foster primary care person, do hereby agree to abide by the following terms and conditions while fostering a pet for Wet Nose Rescue.

**Please initial the following statements:**

- \_\_\_\_\_ Fosters will fill out an application, be interviewed by the board, and have a home inspection.
- \_\_\_\_\_ The family will need to take the animal to the vet when necessary. All vetting will be organized through Wet Nose Rescue.
- \_\_\_\_\_ The family must have homeowners insurance to cover injury or damage by animal. Dog biting someone and needing stitches.
- \_\_\_\_\_ The family is asked to exercise the animal.
- \_\_\_\_\_ The family will need to communicate living situation changes like moving, divorce, etc., with their Wet-Nose contact person.
- \_\_\_\_\_ The family can not take the animal on a vacation.
- \_\_\_\_\_ The family must surrender the pet back to Wet-Nose if they are no longer able to care for the pet.
- \_\_\_\_\_ The family may provide litter\box, basic food, kennel, toys, treats, bedding, leash and collar.

**Two references:**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Please initial for waiver:**

- \_\_\_\_\_ Foster agrees to release Wet Nose Rescue, it's officers, Board, volunteers, and other stake holders from any and all claims for bodily injury and/or property damage to the foster or members of the foster family that may be caused by said pet.
- \_\_\_\_\_ Foster agrees to be responsible for the care of the said pet and to indemnify and held harmless Wet Nose Rescue from claims of liability for the conduct of the said pet when in foster care.

**Questions and preferences:**

1. Home size and type? \_\_\_\_\_ In city limits? \_\_\_\_\_ Fenced in yard? \_\_\_\_\_ If no, how will you keep them safe in the yard? \_\_\_\_\_
2. Number of family members? \_\_\_\_\_
3. Ages of children? (if any) \_\_\_\_\_
4. Own or rent\*? \_\_\_\_\_ (Consider apartment or trailer or duplex, single family.)

\*If renting need landlords name and contact information

Name \_\_\_\_\_ Phone number \_\_\_\_\_

5. Other pets in the home? \_\_\_\_\_

If other pets: a. Dogs? Cats? Other? \_\_\_\_\_

b. How many of each? \_\_\_\_\_

c. Breed and type? \_\_\_\_\_

d. Ages? \_\_\_\_\_

e. Your vet contact information: \_\_\_\_\_

6. What kind of pets are you comfortable to foster:

\_\_\_\_\_ Puppy \_\_\_\_\_ Adult dog \_\_\_\_\_ Elderly dog \_\_\_\_\_ Nursing mother and pups

\_\_\_\_\_ Bottle-fed kittens \_\_\_\_\_ Nursing mother and kittens \_\_\_\_\_ Kitten \_\_\_\_\_ Adult Cat

\_\_\_\_\_ Elderly Cat \_\_\_\_\_ Other, please specify \_\_\_\_\_

7. What issues do you believe you are able to deal with? \_\_\_\_\_ Medications (oral, anal)

\_\_\_\_\_

8. What issues do you believe you are not able to deal with?

\_\_\_\_\_

9. How long of a commitment can you make to foster?

\_\_\_\_\_ a. 1-3 days emergency respite care?

\_\_\_\_\_ b. 1 or 2 weeks?

\_\_\_\_\_ c. 1 month at a time

\_\_\_\_\_ d. several months

\_\_\_\_\_ e. Indefinitely

10. Who will be responsible for primary care of the pet? \_\_\_\_\_

11. How much time will the pet spend at home alone? \_\_\_\_\_

12. Where will the pet be kept when you are gone? \_\_\_\_\_ When you are home? \_\_\_\_\_

13. Where will the animal sleep? \_\_\_\_\_

14. Will you be able to train the pet? (Housebreaking, litter training) \_\_\_\_\_

**Signature of primary care provider:**

\_\_\_\_\_ Date \_\_\_\_\_

*Thank you for considering to be a foster family to love and care for the pets that have been rescued until they are adopted. We value our foster families and will make every effort to be available to help you and your pet adjust to each other.*

***Wet Nose Rescue***

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**Office Use**

Application complete \_\_\_\_\_ Interview complete \_\_\_\_\_ Approved Yes No If no, why? \_\_\_\_\_

Start date of fostering \_\_\_\_\_ End Date \_\_\_\_\_