



Foster Volunteer Application

2661 Greenfield, Dearborn MI 48120
 313-943-2697 MetroDetroitAnimals.org

Name: _____

Street address: _____ Apt./Suite _____

City: _____ State: _____ Zipcode: _____

Phone: Cell () _____ Home () _____ Work () _____

Email address: _____

Driver's License Number: _____ Birthdate: _____

1. Occupation: _____ Place of business: _____

2. Please check one: Own Rent Live with parents Type of residence (house, apt., etc. _____
 Other, please explain _____

3. Landlord's name and telephone number, if applicable: _____

4. How long have you been at your current address? _____

5. If answer to above is less than 1 year, please give your previous address:

City: _____ State: _____ Zip: _____

6. If applicable, how many children do you have? _____ What are their ages? _____

7. If applicable, how many adults (not including yourself) live in your home? _____

8. I have owned these animals in the past 5 years:

Pet's Name	Breed	Age	Sterilized	Current on shots?	What Happened to the animal?

9. Please list the name of your current veterinarian: _____

Address: _____ Phone: _____

10. Does everyone in your household want to foster? If not, please explain:

11. Who will be primary caretaker of the foster animal/s?

12. Do any members of your family have allergies to animals? Yes, What and who? _____ No

13. This foster animal needs to get along with dogs: Yes No Or cats: Yes No

Other animals: Yes No If yes, type _____



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14. I have ___ indoor dogs; ___ outdoor dogs; ___ indoor cats ___ outdoor cats ___ other pets ___ livestock.
15. I need a foster that will tolerate being alone _____ hours a day.
16. When I am not at home, or not able to supervise the foster, it will be:
 Loose in the house In the yard In the garage In a room in the house Crated in the house
17. I have: A fenced yard A stationary tie-out An outdoor run Invisible fencing A dog house
18. Someone in my home is nervous or unsure of dogs/or cats:
 Very (e.g. bitten as a child) Somewhat (has had no experience) No
19. The noise/activity level in my home is usually: Low Medium High
20. Please include one reference if you do not have a veterinarian reference. The reference should not be an immediate family member.
- Name: _____ Address _____ City _____
- Telephone: _____ Relationship: _____
21. How did you hear about the Friends For the Dearborn Animal Shelter? _____

Please indicate what you would be willing to foster:

- | | |
|--|--|
| <input type="checkbox"/> Sick/ Injured cat | <input type="checkbox"/> Sick / Injured dog |
| <input type="checkbox"/> Young kittens | <input type="checkbox"/> Young puppies |
| <input type="checkbox"/> Mother cat w/kittens | <input type="checkbox"/> Mother dog 2/puppies |
| <input type="checkbox"/> Bottle baby kittens | <input type="checkbox"/> Bottle baby puppies |
| <input type="checkbox"/> Cat needing socialization | <input type="checkbox"/> Dog needing socialization |

The length of time an animal requires foster care is dependent on the individual animal and its individual needs. Some animals are ready for adoption within a week, while as others may take several weeks to months to be ready to find their forever home.

22. Are there any factors that may limit your foster work? _____

Please read and sign.

Waiver of Liability

I will be doing volunteer work for the Friends for Animals of Metro Detroit (FAMD), and I do hereby knowingly, freely, and voluntarily waive my right or cause of action of any kind whatsoever arising as a result of such activity from which my liability may or could accrue against FAMD, the City of Dearborn, or its agents or employees jointly and individually.

I fully understand the risk of bringing a foster animal into my home and take full responsibility for any damage a foster animal may cause. I do not expect FAMD to reimburse me for any damages caused by an animal that I choose to foster.

I fully recognize the possible dangers associated with the work of FAMD and I freely consent to this waiver. I understand that FAMD may terminate my services as a foster parent at any time, with or without reason.

Signature: _____

Date: _____