

NASAP - NORTHERN ALBERTA SOCIETY FOR ANIMAL PROTECTION

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FOSTER HOME PROFILE

Name: _____ Phone #: _____ Email: _____

Thank you for your interest in our foster program. Please answer all of the questions and send this form back to us. You will be contacted by our Foster Home Coordinator who will ensure you understand our procedures, and will place you on our list. This person will contact you when we have an animal which we feel may fit into your home. After receiving a description of an animal, it is your choice to accept the animal for foster care or not.

1. What animals do you wish to care for? (eg. kittens/cats; puppies/small/large dogs; rabbits; etc.)

2. What type of home do you live in? (eg. apt, condo, house, acreage, etc.) Note: if you rent, we MUST receive a permission letter from your landlord before we can place any animals with you.

3. Do you have a fenced yard? Yes ___ No ___

4. Can you transport your foster animal? (eg. to the vet if required, to our adoption days, etc.)

5. Are all of the adults in your home away during the day? Yes ___ No ___

6. Do you have other animals in your home? Yes ___ No ___

If yes, please describe how many and what type(s):

Do all of your animals have up-to-date vaccinations? Yes ___ No ___

Please note that if your animals are not vaccinated, there is a chance they may contact an illness or disease from contact with foster animals.

7. Do you have children living or visiting your home? Yes ___ No ___

If yes, what are their ages: _____

8. What supplies do you need to care for the animal(s):

9. Are you willing to foster and animal "long term"? (i.e. one month or more) Yes ___ No ___

PLEASE READ AND SIGN THE ATTACHED FOSTER HOME AGREEMENT

ANIMAL FOSTER HOME AGREEMENT

I, _____ (please print name), agree to foster animals in my home for the NORTHERN ALBERTA SOCIETY FOR ANIMAL PROTECTION: also referred to as NASAP. I will care for these animals to the best of my ability, providing them with all of the necessities of life. At no time will I abuse or mistreat these animals, nor will I give them away or adopt them out to anyone without the prior approval of NASAP. I also agree that I will not hold NASAP or any of its agents responsible for any damage that may be done by a foster animal to myself, my property, or any person(s) who come into contact with the animal; nor for any illness which my own animals may contract from contact with foster animals. I also understand that the animals I foster belong to NASAP and as such must be returned upon request.

Please read and initial each statement and then sign the bottom of this form.

- _____ I acknowledge that any equipment, official material, donations, or identification issued to me by NASAP remains the property of NASAP and must be returned upon my resignation, termination, or on demand.
- _____ I grant permission for my name and/or photograph to be published or acknowledged publicly for the purposes of advertising and/or volunteer recognition.
- _____ I grant permission for NASAP to correspond with other organizations regarding my service with NASAP, in respect to references, verbally or written; upon my own request.
- _____ I understand that NASAP reserves the right to refuse my application as a volunteer at any stage of the screening process; or to terminate me as a volunteer for any reason the Board of NASAP deems justifiable.
- _____ I agree that while I am engaged in activities with NASAP and thereafter, I shall keep confidential and shall not disclose any trade secret, financial information, strategies, client lists, innovations, discoveries or inventions, arising from or in connection with NASAP and/or it's business of which I have direct or indirect knowledge, however such knowledge is obtained, except where such knowledge is or becomes publicly available through no fault or breach of confidence by myself.

Release

In consideration of being permitted to participate as a volunteer with NASAP, I the Undersigned agree to assume all risk of loss or injury, including death to myself or damage to my property while working as a volunteer of NASAP. I hereby waive any right of action I may have had or may in the future lodge against NASAP, its successors, assigns, directors, staff, agents or volunteers for any such loss or injury caused by negligence or default of NASAP, its successors, assigns, directors, staff, agents or volunteers whether acting in scope of employment or not.

I acknowledge that the animals of NASAP are not trained by NASAP and that they may be unpredictable. I also acknowledge that NASAP strongly recommends I keep current with my tetanus and rabies immunizations and to consult my physician about this and other concerns related to working with animals. If I have any reason to suspect I am pregnant, NASAP recommends I consult with my physician regarding working with cats. I hereby waive for myself, my personal representatives and dependents all such claims or rights of action aforementioned that the undersigned or my personal representatives and dependents may have had or may in the future lodge against NASAP and its successors, assigns, directors, staff, agents and volunteers. By my signature I acknowledge that I am of full age and that I have read this release and have voluntarily signed it.

Dated at _____, Alberta this _____ day of _____, 200__

Signature (parent/guardian for minors)

Address, City, Postal Code

Print name

Phone #

Witness Signature

Address, City, Postal Code

Print name

Phone #