



Quincy Animal Shelter

P0 Box 690088 Quincy, MA 02169-0088

Tel 617-376-1349 • Fax 617-745-5736

www.quincyanimalshelter.org

Email: foster@quincyanimalshelter.org

For Shelter Use Only

Processing app: _____

Date received: _____

PP checked: _____ Entered: _____

Approved/denied: _____

FOSTER CARE VOLUNTEER APPLICATION

The Quincy Animal Shelter (QAS) values all its volunteers. Foster Care Volunteers play a special role by helping QAS provide care to animals that cannot be housed in the shelter facility due to illness, age or other circumstances.

Becoming a Foster Care Volunteer:

1. Please complete the application and email it to: foster@quincyanimalshelter.org

Or Mail it to: Quincy Animal Shelter, Foster Manager, P.O. Box 690088, Quincy, MA 02269-0088

2. We will set up a meeting/phone call with one of the Foster Care Coordinators to learn more about what is needed and attend additional training classes as appropriate.

If you are interested in adopting any of your foster animals, you must notify QAS immediately so we can put that animal on hold for you. Please note you must complete the QAS adoption process to adopt the animal.

Your Name: _____ Are you over 21 years of age? Yes ☐ No ☐

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email Address: _____

Do you own your home or rent? Own ☐ Rent ☐ If you rent, what is the name and number of the homeowner?

Homeowner's Name: _____ Phone: _____

What type of animal and kind of fostering are you interested in? (check all that apply):

☐ Cat ☐ Dog

Age: ☐ Young ☐ Adult ☐ Senior ☐ Pregnant Moms ☐ Mom and babies

Training: ☐ Socialization ☐ Litter box ☐ Obedience ☐ Enrichment

Medical: ☐ Medication Administration ☐ Hospice Care

How much time do you have to spend with a foster animal(s)? _____

Have you fostered before? Yes ☐ No ☐ What kind of animals? _____ Where? _____

Are there children in your home? Yes ☐ No ☐ Ages: _____

Are you able to bring fosters to QAS or a QAS Veterinarian when needed? Yes ☐ No ☐

Are you comfortable administering medication? _____

Are you able to drop off fosters at QAS when they are ready for adoption? Yes ☐ No ☐

Can the fosters be kept in a quiet area where there is minimal furniture to hide under? Yes ☐ No ☐

Do you currently have any pets? Yes ☐ No ☐

Can your foster animal(s) be kept separated from your own pets? Yes ☐ No ☐

Are your existent pets tolerant of other pets? Yes ☐ No ☐

Type/Breed (<i>dog/pug</i> or <i>cat/kitten</i>)	Name	Age	Indoor/Outdoor
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If fostering, how many are you comfortable hosting? 1-2 ☐ ~ 3-4 ☐ ~ 5-6 ☐ ~ 7+ ☐

When are you available to start fostering? _____

For how many weeks are you available to foster? _____

QAS REQUIRES ALL FOSTER VOLUNTEERS TO BE CURRENT ON THEIR OWN PETS' VACCINATIONS.

Vet or Clinic Name(s)

Telephone Number

_____	_____
_____	_____

Please provide two references (non-family members):

Name:	Phone:
Name:	Phone:

Release: If accepted as a Foster Care Volunteer, you agree to follow the conditions of any foster placements. You also agree that QAS, its officers, directors, and volunteers are not responsible for, and you release them from liability for, any losses, injuries, or damages that you may incur by participating in the Foster Care Program. You agree to indemnify QAS, its officers, directors and volunteers for any damages and expenses they may incur in defending any claim by a third party as a result of your actions or inactions as a Foster Care Volunteer or of a foster animal while in your care.

Applicant's Signature: _____ Date: _____

Print name: _____