



Quincy Animal Shelter

56 Broad St., PO Box 690088
Quincy, MA 02169-0088
Tel 617-376-1349 • Fax 617-745-5736
www.quincyanimalshelter.org
Email: catfostercare@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 of 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: catfostercare@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.

In the event that 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. There are no exceptions and no discounts.

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 kind of fostering are you interested in? (check all that apply):

Pregnant moms ~ Mom and kittens ~ Kittens without a mom

Kittens who need socialization ~ Adults who need socialization ~ Hospice care

Kittens who need to be bottle fed (must have experience) ~ Adults

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

Are you comfortable administering medication? _____

When are you available to start fostering? _____

For how many weeks are you available to foster? _____

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

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

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

Are you able to bring fosters to QAS every 3 weeks (approx.) for vaccinations? Yes No

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

Do you currently have any pets? Yes No

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

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

If you have dogs, are they tolerant of cats? Yes No

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:

If you end up adopting one of your foster cats:

- **Would you have them declawed?** Yes No
- **Where would they spend their time?** (*check all boxes that apply*)
 - Indoors Bedroom Kitchen Basement Garage Porch Yard Indoor/Outdoor
- **How much are you prepared to spend for:**
Annual veterinarian care? \$ _____ **Emergency veterinarian care?** \$ _____

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: _____