## Foster Parent Application Requirements | LRR

Volunteers for this program:

- 1. Must be at least 18 years old.
- 2. Must complete our attached application, and participate in an interview and training session.
- 3. Must agree to a home visit by our staff.
- 4. Must provide requested medical information for all personal pets that would be in contact with foster animals.
- 5. Must sign the foster agreement pertaining to the animal you are fostering.
- 6. Must provide in-home care for LRR animals assigned under foster program and return animals to LRR on the date specified in contract.
- 7. Must keep appropriate weight, medication and/or behavioral records on the foster animal while in your care, and present a profile of the animal to LRR upon return to the Rescue

This program is an opportunity for you to:

- Give love and affection to an animal that is so young that yours will be the first safe human interactions for that animal and will give a lasting foundation for human interaction to that baby.
- Provide a safe environment for frightened or unsocialized animals that have not learned humans can be trusted. You can help them learn new behaviors and better ways to interact.

Thank you for your interest! If you would like to receive additional information, please email mailto:info@logansrunrescue.com. Or, you may complete the attached application and mail to:

> (1) Logan's Run Rescue 3000 US HIGHWAY 64 WEST SUITE 118 MURPHY NC 28906

Note: The Foster Program is entirely staffed by volunteers. Services performed by an individual are of a voluntary nature and are without any express or implied promise of salary, compensation, employment, or payment of any kind.

(A)	<u>Personal</u>	Profile:						
Name:Address:City/State/Zip:					Home Phone: Work or Cell Phone: Email:			
La	ndlord Na	me: <u></u>		wn Rent				
PΙε				s? (Please on the number			you are allowed	
		dults in you dren in you						
(B)	Personal	Pet Profile	<u>):</u>					
Ple	ease list A	LL pets cui	rrently a pa	art of your h	nousehold:			
	Name			Age/Sex		Vaccines (Type/Date last given)	Sleeps (Indoor/Outdoor)	
1.								
2								
3								
4								
5								
Lis	t history c	of medical is	ssues of th	ne above pe	ets, by line	number:		

List the names and phone numbers of two personal references:  1.  2.
(C) Relevant Experience/Information
Please list any/all other foster or rescue groups that you are a part of (including caring for feral cats):
Does your property have a fenced in yard? YES NO How high is it at its lowest point?
Describe area where foster animal(s) will be kept:
How many hours a day will the animal be alone on a regular basis?
Give a brief description of your experience with very young, ill, injured, and/or unsocialized animals:
**By signing below we understand that we will keep the animal we are fostering until Logan's Run Rescue can place the animal in a home or until another rescue is found for that animal. We also understand that if we cannot meet the agreement to keep the animal we will be responsible for surrendering that animal to the local animal shelter if another foster home cannot be located. This means the animal may be euthanized if you cannot keep the animal as agreed.
I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of Logan's Run Rescue. I authorize LRR to conduct an on-site inspection of the premises where the animal(s) will be kept.
**Signature: Date: