## STRAY AND PET ASSISTANCE PROGRAM APPLICATION

Logan's Run Rescue P. O. Box 725, Marble, NC 28905

## General LRR Policies for SPAP, the Stray and Pet Assistance Program

- 1. The Animal's Description & Picture will be posted on LRR's Available Animals Web Page and can be emailed to other Rescues while LRR Members Attempt to find a new Home and/or no-kill Rescue.
- 2. A Stray will be held for a minimum of 72 hours exposure on the Web, to give an Owner opportunity to claim their pet.
- 3. LRR can send the Animal to a Veterinarian for Medical Evaluation & Procedures after admission into the Program. In the absence of a Medical Emergency, LRR will wait for 72 hours if the Animal is a Stray. While Retaining Ownership of the Animal, the Applicant is Responsible for Applying "non-prescription" Medicines Supplied by LRR.
- 4. The Applicant retains Ownership of the Animal while Fostering the Animal. If the Animal is moved to a LRR Foster Home, LRR takes Ownership of the Animal. If LRR finds a Home or no-kill Rescue for the Animal while it is Fostered by the Applicant, LRR has the Option to take Ownership of the Animal when Moving it from the Applicant.
- 5. If an Applicant stops supplying Humane Foster Care or after a 6 Month Period, LRR has Not Found a new Home or Rescue for the Animal, LRR has the option To Drop the Animal from the Program without any Responsibility for The Animal.

| Applicant's Name             |                     | Address      | Apt                   | # City | City          |                         | e Zip          |  |  |
|------------------------------|---------------------|--------------|-----------------------|--------|---------------|-------------------------|----------------|--|--|
| Home Phone                   | ome Phone Bus Phone |              | Cell                  | Ema    | Email Address |                         | Driver's Lic # |  |  |
| LRR Visual Health Evaluation |                     |              | Member's Name:        |        | Eval          | <b>Evaluation Date:</b> |                |  |  |
| Pets Name D                  | Dog Cat Breed       |              | Age & Weight Estimate |        | Color         | Sex                     | Spay/Neut.?    |  |  |
| Skin                         | Healthy             | Minor Issues | Serious Issues        | Note:  |               |                         |                |  |  |
| Weight                       | Normal              | Overweight   | Underweight           | Note:  |               |                         |                |  |  |
| Belly                        | Normal              | Abnormal     |                       | Note:  |               |                         |                |  |  |
| Ears                         | Normal              | Abnormal     |                       | Note:  |               |                         |                |  |  |
| Paws                         | Normal              | Abnormal     |                       |        |               |                         |                |  |  |
| Other<br>Notes               |                     |              |                       |        |               |                         |                |  |  |

| <b>Applicant's Narrative For Strays</b> |     | Date Stra | ay Found:                         | Approx. Ti  |      |    |
|---|-----|-----------|-----------------------------------|-------------|------|----|
| Location where the Stray was found?     |     |           |                                   |             |      |    |
|   |     |           |                                   |             |      |    |
| Did the Stray have a collar? Yes        |     | No        | Did the Stray have a Rabies Tag?  |             | Yes  | No |
| Did you look for the Owner? Yes         |     | No        | Did you contact a humane society? |             | Yes  | No |
| Did you contact Sheriff's Dept?         | Yes | No        | Date: Time:                       | Officer's N | ame: |    |
| Add'l information:                      |     | _         |                                   | _           |      |    |

| Foster Care Questionnaire For Applicant  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| WILL YOU FOSTER THIS ANIMAL while it is in the LRR STRAY AND PET ASSISTANCE PROGRAM and take full  |  |  |  |  |  |  |  |  |
| esponsibility as its owner and/or guardian for its welfare and its actions? Do you agree to allow LRR to have a veterinarian fix the   |  |  |  |  |  |  |  |  |
| nimal, give it a rabies shot and, if necessary, do other procedures deemed necessary by LRR for the animals health such as   |  |  |  |  |  |  |  |  |
| checking it for heart worms, curing it of heart worms, and performing medical operations needed because of injury to the animal?   |  |  |  |  |  |  |  |  |
| Do you agree to your animal being current on over-the-counter medications to prevent worms, fleas, ticks, mites, parvo,  |  |  |  |  |  |  |  |  |
| distemper, and kennel cough and other such medications, that may be necessary, such heart worm prevention after determining heart  |  |  |  |  |  |  |  |  |
| worm status, and applying antibiotic, antifungal, and steroid cream to wounds and that some or all of these medications may be   |  |  |  |  |  |  |  |  |
| provided at no cost upon request of the applicant? Do you believe that you have the "free speech" right to request "good Samaritan"  |  |  |  |  |  |  |  |  |
| assistance in applying these "over the counter" medications and that help by an individual in response to your request is not an attempt   |  |  |  |  |  |  |  |  |
| to practice veterinarian medicine? Do you agree to apply necessary medicines at the time of input into the program and understand that they may need to be reapplied at later dates? Do you agree that if the animal is a stray, the animal will not be adopted before |  |  |  |  |  |  |  |  |
| LRR puts the animal on its Available Web Page for 3 days to give an Owner time to Find their Lost Pet? Do you agree that if you  |  |  |  |  |  |  |  |  |
| stop fostering the animal in a humane way or that after 6 months, the animal has not been adopted or moved to a no-kill rescue, then LRF   |  |  |  |  |  |  |  |  |
| right to remove it from the program without any responsibility for the animal. In order to be admitted into this program, you must   |  |  |  |  |  |  |  |  |
| check Yes below and sign by it.  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Yes by on date<br>IF LRR DOES AGREE TO ACCEPT THE ANIMAL INTO OUR STRAY AND PET ASSISTANT PROGRAM, will you foster   |  |  |  |  |  |  |  |  |
| until a Home or a No-Kill Adoption Rescue Organization can be found (may be 4 to 16 weeks)? Yes No   |  |  |  |  |  |  |  |  |
| <b>DO YOU:</b> Own Your Home Rent If renting, does your lease allow pets? Do you have a fenced area?   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Where will your foster pet be kept: Day Time Night Time  |  |  |  |  |  |  |  |  |
| <b>Do you have other Pets now?</b> # of Cats # of Dogs   |  |  |  |  |  |  |  |  |
| Have you ever fostered an animal before? Yes No How long did you foster?   |  |  |  |  |  |  |  |  |
| If a stray, have you ever rescued a stray before? Yes No What happened to the animal?  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| As the Applicant, I accept the terms of this Application.  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Date

Applicant's Signature

LRR Member Signature Accepting Animal into SPAP