



## Application to Foster Jackson County Animal Shelter Animals

**FIRST SAVE (DOWNLOAD) THIS FILLABLE PDF FORM ON YOUR DESKTOP. Use option SAVE AS and rename using your last name. Complete the form and then save again. Open the form before emailing to confirm the information you entered was saved.**

To become a Friends of the Animal Shelter foster volunteer you must be in compliance with Jackson County Ordinances and State Laws that pertain to animals (information can be found at <http://jacksoncountyor.org/hhs/Animal-Services/Animal-Control-Regulations>). In particular, this means your dogs, must be licensed, even if you are fostering cats/kittens, and your animal history/background checked by the County.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone:  Cell  Landline \_\_\_\_\_

Email: \_\_\_\_\_

*Email is our primary contact method*

Do you  rent or  own your home?

For rentals, please provide landlord/property manager name, address, phone # and email address: \_\_\_\_\_

Please list the names and ages of all household members:

\_\_\_\_\_

Please list all animals you have in your home, outdoors and livestock:

\_\_\_\_\_

Who will be the primary caretaker of the foster animal? \_\_\_\_\_

Do you have transportation and can you drive the foster animal to appointments? \_\_\_\_\_

Do you have previous foster experience? If yes - please explain: agency, amount of time, etc.

\_\_\_\_\_

\_\_\_\_\_

Have you had any experience with an emotionally or physically neglected, or abused, dogs or cats?

If yes - please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any experience medicating or treating a dog or cat with a medical condition?

If yes - please explain: \_\_\_\_\_

\_\_\_\_\_

**DOG-SPECIFIC QUESTIONS**

**What types of dogs are you interested in fostering?**

- |                                                  |                                                 |                                                      |
|--------------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Dogs – small to medium  | <input type="checkbox"/> Dogs who need training | <input type="checkbox"/> Puppies with nursing mother |
| <input type="checkbox"/> Dogs – medium to large  | <input type="checkbox"/> Hospice dogs           | <input type="checkbox"/> Puppies – bottle-fed        |
| <input type="checkbox"/> Dogs with medical needs | <input type="checkbox"/> Birthing dog           | <input type="checkbox"/> Puppies – weaned            |

- If you don't have a fenced yard, do you agree to keep your foster dog on leash at all times when outside?
- I agree to crate a dog, if recommended?
- I agree NOT to take my foster dog to a dog park.
- I agree NOT to allow my foster dog off-leash when outside and away from home.
- I understand and agree to support a foster dog during the transition time needed to allow a dog from the shelter to adjust to a new home environment.

**CAT-SPECIFIC QUESTIONS**

**What types of cats are you interested in fostering?**

- |                                                  |                                                      |                                               |
|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Adult cats              | <input type="checkbox"/> Birthing cat                | <input type="checkbox"/> Kittens – bottle-fed |
| <input type="checkbox"/> Cats with medical needs | <input type="checkbox"/> Kittens with nursing mother | <input type="checkbox"/> Kittens – weaned     |

Do you have experience caring for bottle babies? (0 - 4 weeks old, feedings every 2-4 hours, constant health monitoring required)  Yes  No

Do you have a room in your home where foster cats or kittens can be separated from other pets in the home, if necessary?  Yes  No

- I agree to abide by the 10-day quarantine requirement for foster kittens.
- I understand and agree that there is a possibility that shelter animals may carry communicable diseases and precautions are sometimes needed in the form of separation from other pets or medical treatment to treat a condition.

***Please note that the Jackson County Animal Shelter and Friends of the Animal Shelter pays for all medical and spay/neuter expenses. Food and litter can be provided, when available. Expenses can be reimbursed for food and litter upon request to Friends of the Animal Shelter, with receipts.***



## Application to Foster Jackson County Animal Shelter Animals

All animals in foster care are the property of Jackson County Animal Services and are subject to all applicable Jackson County Animal Services policies, rules and restrictions.

Jackson County Animal Services reserves the right to perform home checks in order to ensure that foster animals are being adequately and appropriately cared for. If a foster care provider refuses to return a foster animal for any reason upon request by JCAS staff, or has improperly transferred an animal to another individual or entity, the foster care provider will be permanently removed from the foster program and Jackson County Animal Services may initiate appropriate legal action in order to secure the return of the animal.

*I have read the above information and have answered the questions truthfully and completely.*

*I understand that until all requirements for fostering have been completed, I am not approved to foster animals for the Jackson County Animal Shelter and Friends of the Animal Shelter.*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### How to Submit Foster Application to Friends of the Animal Shelter:

#### Email to:

For Dogs: [fotas@fotas.org](mailto:fotas@fotas.org) **AND** [foster-dog-coordinator@fotas.org](mailto:foster-dog-coordinator@fotas.org)

For Cats: [fotas@fotas.org](mailto:fotas@fotas.org) **AND** [foster-cat-coordinator@fotas.org](mailto:foster-cat-coordinator@fotas.org)

For both: [fotas@fotas.org](mailto:fotas@fotas.org), [foster-dog-coordinator@fotas.org](mailto:foster-dog-coordinator@fotas.org) **AND** [foster-cat-coordinator@fotas.org](mailto:foster-cat-coordinator@fotas.org)

**OR**

#### Mail to:

Friends of the Animal Shelter Foster Program, PO Box 1013, Phoenix, OR 97535

### Friends of the Animal Shelter

**DOG Foster Program Coordinators: Joan & Michelle • [foster-dog-coordinator@fotas.org](mailto:foster-dog-coordinator@fotas.org)**

**CAT Foster Program Coordinator: Terri • [foster-cat-coordinator@fotas.org](mailto:foster-cat-coordinator@fotas.org)**

# Jackson County Release

Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Restrictions, if any: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you have health insurance? Yes No

If yes, Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Will you drive as part of your volunteer work? Yes No If yes, please provide:

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number (provide a copy of the card) \_\_\_\_\_

I understand that if I use my personal automobile in volunteer service, I will keep automobile liability insurance in effect equal to the minimum limits required by the State of Oregon and that my personal insurance will be my primary insurance coverage.

## Release for Adults

In consideration of acceptance into a Jackson County volunteer program or activity, I hereby RELEASE Jackson County and its officials, agents, and employees of the County (collectively, the "Jackson County") from liability for any NEGLIGENCE of Jackson County or other participants, harm, injury, medical or other expenses, or damage which I or my minor children may suffer while participating in the program/event. This includes ALL RISKS that are connected with this activity whether foreseen or unforeseen. I am aware that potentially dangerous conditions exist, including but not limited to slippery pavement, debris, infections, and other materials/hazards. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I agree that Jackson County has no way of knowing my current state of health, and I alone am responsible for judging my physical ability. I have also satisfied myself that I am physically able to undertake and complete this activity. I understand and acknowledge that Jackson County is not responsible for any injuries, damages of sickness that may result from my participation in these activities, and I understand that I would not be allowed to participate in the activities if I did not execute the RELEASE.

I agree to hold Jackson County and its agents, officials and employees harmless from any damage to persons or property, resulting from my actions or the actions of my children.

I am of lawful age and legally competent to sign this RELEASE for myself and/or on behalf of the participant.

I understand the terms and signed this RELEASE as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS RELEASE BY READING IT BEFORE SIGNING. I REALIZE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Release for Minor Youths

Youth Name (Please Print) \_\_\_\_\_ Age \_\_\_\_\_

In consideration of being allowed to participate in above referenced program/event:

I, (Adult Name) \_\_\_\_\_ (PLEASE PRINT) am the custodial parent or legal guardian of the minor youth named above, who wishes to participate in a Jackson County volunteer program or activity. I execute this RELEASE on my own behalf and on behalf of the minor youth, and I am a competent adult. I understand and am satisfied with the nature of the volunteer activities that will take place, and consent to my child's participation. I understand and agree that my child will be acting as a volunteer, and that Jackson County its officials, officers, agents, and employees of the County (collectively, the "Jackson County") will not be responsible for any damages, injuries or sickness that may result to him/her, including those caused by NEGLIGENCE of Jackson County or other participants in the program. The volunteer activities in which my child will participate may involve risks described below, and I have satisfied myself that my child should participate in these volunteer activities even though these risks exist. I hereby RELEASE Jackson County from any and all claims for any NEGLIGENCE of Jackson County or other participants, damages, injuries and sickness, which may arise as a result of my child's participation volunteer activities.

I am aware that potentially dangerous conditions exist, including but not limited to slippery pavement, debris, infections, and other materials/hazards. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that my child is physically able to undertake and complete this activity. I understand and acknowledge that the Jackson County is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that my child would not be allowed to participate in the activities if I did not execute this consent and release.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE SIGNING. I REALIZE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP LEGAL RIGHTS TO WHICH I OR THE MINOR YOUTH MAY BE ENTITLED.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**Location:** Jackson County Animal Shelter 5595 S Pacific Hwy Phoenix, OR 97535

**Assignment:** Shelter Volunteer

**Shelter Manager:** Barbara Talbert

## FOTAS Volunteer Release

I, \_\_\_\_\_ enter into the following agreement:  
(print name)

I hereby agree to accept a volunteer position with the Friends of the Animal Shelter (FOTAS), and in doing so, agree to comply with the rules and regulations established by FOTAS. I understand that failure to do so may result in termination of my service.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation, and without liability of any nature on behalf of FOTAS. All my services will be performed at my own risk.

I recognize that in handling animals there exists an inherent risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless FOTAS, its agents, servants and employees from any and all claims, cause of action or demands, or any nature or cause, including costs and attorney fees incurred or sustained by me in any way connected with my service with FOTAS. This includes, but is not limited to, animal bites or scratches, accidents, injuries, property damage or veterinary fees.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please note: FOTAS strongly recommends that all volunteers be up to date on Tetanus vaccinations.*

### For parents of minors under 18 years of age

I, \_\_\_\_\_ give my consent for my minor child,  
\_\_\_\_\_ to participate as a FOTAS volunteer subject to the conditions listed above. I acknowledge the requirements that a FOTAS volunteer under the age of 18 must be accompanied by his/her parent or legal guardian to participate in certain programs.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_