



TARA Foster Application

Welcome!

Dear Prospective Foster, Please fill out this application to begin the process of becoming a foster with T.A.R.A. We do not share information gathered in this application outside of T.A.R.A.

Name (first and last): _____

Email address: _____

Address: _____

Phone number: _____

Have you fostered for another organization in the past? _____ Yes _____ No

If yes, where and when: _____

Are you willing/able to transport you foster animal(s) to/from adoption events? ☐ Yes ☐ No

Are you willing/able to transport fosters to vet appointments and/or spay/neuter appointments? ☐ Yes ☐ No

Fostering Preferences

In order to better match fosters with animals in need, it would help us to know your preferences for any future foster assignments.

	Very Interested	Might Be Interested	Not Interested
Mom Cats with un-weaned Kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kittens without mother cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mom Dogs with un-weaned puppies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puppies without mother dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sometimes we have animals that need foster care due to medical conditions. Which of these treatable special needs might you like to assist us with, if any?

	Very Interested	Might Be Interested	Not Interested
Adult Cats surgery recuperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Cats Treatable skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Dogs surgery recuperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Dogs treatable skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats/Kittens with a "cold"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs/Puppies with a "cold"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy or fearful dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy or fearful cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartworm positive dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your ideal foster:

- Species (dog, cat, etc.):
- Age range:
- Gender preference:
- Activity level (e.g., high-energy, mellow):
- Any specific traits you prefer (e.g., good with kids, crate-trained):
- Hard no(s) (e.g., excessive drool, not good with cats, etc.):

Special Skills, Experience, or Resources

Please list any special training, skills, or experience you have in animal care or handling (e.g., medical care, behavior training, rescue work):

Additionally, please share any resources you can provide to your foster animal(s) (e.g., large fenced yard, experience with specific breeds or medical needs, ability to care for post-surgery or special-needs animals):

About Your Home

To help us better match animals with foster caregivers, please tell us about your home environment and animal care skills.
Where do you live? (check one) ☐ single family home ☐ duplex/condo ☐ apartment ☐ mobile home
Landlord status? ☐ own ☐ rent/lease Landlord's name, phone #: _____

Who do you live with?	Age	Relationship to Applicant
Name		

Does anyone in your household have pet allergies? ☐Yes ☐No
If yes, how will this be managed? _____
Are all members of your household aware of and supportive of your decision to foster? ☐Yes ☐No

Are you comfortable following a slow introduction process to help your foster animal and current pets adjust to each other?
This may involve gradual meetings and keeping them separated initially to ensure everyone's safety and comfort.
☐ Yes ☐ No
Where will foster animals stay during the day, at night, and when you're not home? (Please specify rooms, crates, or other setups.)
During the day: _____
At night: _____
When you're not home: _____
Do you have a secure area that can be isolated from personal pets and easily disinfected (no carpet, e.g., bathroom)?
☐Yes ☐No If yes, please specify: _____
Maximum length of time foster animals will be left alone (without people)? _____

How many animals live in your home? (list below and use reverse if you need more room)

Type/Breed	Age	# of years owned	Spay/Neutered	Vaccinations Current?

Please list your veterinarian for your current and/or previous pets (name and phone number): _____
Have you ever had an animal in your house with an infectious disease (e.g., distemper, parvo, ringworm, FeLV or FIV)?
☐Yes ☐No If yes, what and when? _____

References - Please provide information for two personal or business references:
Reference 1:
Name (first and last): _____ Relationship: _____ Daytime Phone: _____
Reference 2:
Name (first and last): _____ Relationship: _____ Daytime Phone: _____

Please read through these foster policies and initial to indicate you agree to comply:

_____ I understand that no foster animal is allowed to be left unattended with children.

_____ I understand any animals owned by myself must have up-to-date vaccinations and be free of parasites.

_____ The foster animal(s) will be provided with proper and loving care including but not limited to food, water, shelter, medication, stimulation and play when needed.

_____ I understand that TARA retains all rights and ownership of any animal in the Foster Program, and that the animals I care for must be returned to TARA at the conclusion of the period for which they require foster care. TARA has the right to recall or remove any animal at any time without notice.

_____ I understand that all adoption inquiries that I receive regarding my foster animal(s) must be directed to TARA. If I am interested in adopting, I will immediately notify TARA.

_____ I understand that I am not permitted to adopt the foster animal(s) in my care to others or transfer physical custody of the animal(s) to others. All adoptions must be completed through TARA staff and must follow TARA's regular adoption procedures and policies. Transfer of animals between fosters must be approved by the Director of Canine or Feline Operations.

_____ If at any time the foster animal(s) appear sick, injured or abnormal I will immediately call TARA's staff.

_____ I understand that any injuries requiring medical care sustained by myself, my family or visitors from a foster animal shall be paid by myself and TARA will not be held responsible for said medical costs.

_____ I understand that I will be handling animals and that TARA, therefore, recommends I check with my physician to be certain my tetanus vaccines are up to date. I agree that I am well enough to handle and house animals in my home, and that my household members are as well.

_____ I understand if the foster animal(s) are injured while in foster care, and the injury is sustained due to negligence by myself or other parties in my household or visitors, I will take full responsibility for payment on any medical costs incurred in treating the foster animal(s).

_____ I agree to return any supplies lent to me from TARA at the end of my foster period or upon request by TARA.

_____ I understand that the animal I am taking into foster care may not be used to living indoors and may scratch, chew or soil my furniture or belongings.

_____ I understand that there are no guarantees of the behavior, health, or disposition of my foster.

_____ I will use only positive reinforcement for training and will not use any kind of physical punishment regardless of behavior issues.

_____ I understand that I am responsible for transporting the foster animal to the shelter and for veterinary appointments and adoption events.

_____ I understand that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify and protect TARA, from any claim or suit filed by anyone as a result of such an incident. In addition, TARA will not be responsible if the animal should damage or destroy property belonging to me or others or shall transfer any disease or internal or external parasites to other animals belonging to me or other animals.

For cats and kittens:

_____ I understand that no foster animal is allowed outside while not in a crate and being transported to the vet or the shelter.

_____ I understand that the animal I am taking into foster care may not be housebroken and I am willing to train the animal and give it time to adjust to the litter box.

For dogs and puppies:

_____ I understand that the animal I am taking into foster care may not be housebroken and I am willing to train the animal and give it time to adjust to going outside.

_____ I understand that the foster animal is only allowed outside in either a secure fenced area or on a leash.

_____ I understand that no foster animal should be taken to a dog park unless it is fully vaccinated and approved by the Director of Canine Operations.

AGREEMENT TO TERMS AND CONDITIONS

In signing this application, I understand and agree to the following:

1. I understand I assume full legal responsibility for the foster animal(s) in my care and damages to persons and/or property caused by said animal(s).
2. I will allow TARA to inspect the foster care premises on request.
3. I understand that TARA, without notice or hearing, may terminate my services as a foster parent at any time with or without reason.
4. I understand that TARA retains ownership and holds final authority over all foster animals and will make all decisions regarding adoption, medical treatment, foster home placement, and humane euthanasia if deemed necessary. I understand it is possible that an animal I have cared for may be euthanized if it becomes sick or exhibits behavior problems deeming it unsuitable for adoption.
5. I understand that although TARA has taken reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animal's health, behavior, or actions. I understand that I receive foster animals at my own risk.
6. I fully acknowledge and understand that TARA is not responsible for any property damage or personal injury suffered by myself, members of my household, or any third parties, my own, or any other animals caused by foster animals in my care. I, therefore, assume all liabilities and hold TARA free from any direct or remote and consequential damages arising out of this foster care arrangement.
7. I have read all the statements above. This agreement will remain in effect for any animal(s) that may be fostered in this home in the future.

This agreement will remain in effect for any animal(s) that may be fostered in this home in the future.

Name: _____ Signature: _____ Date: _____

Board Member of TARA Signature: _____ Date: _____