

BLOOMFIELD ANIMAL SHELTER

61 Bukowski Place
Bloomfield, NJ 07003
(973) 748-0194

PERSONAL INFORMATION

If completing by hand, please print legibly.

NAME: _____

EMAIL: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____

EMPLOYER: _____

If you work outside the home, what hours do you work? _____

Do you have the time to offer these needy animals the extra attention and love required for their adjustment prior to adoption? Yes ___ No ___

Where will the animal be kept when you are not home? _____

EMERGENCY CONTACT

NAME: _____ PHONE #: _____

RELATIONSHIP: _____

GENERAL INFORMATION

1. Do you: Own___ Rent___ your home? (If leasing to own, please select "rent")

2. Do you currently live in a: House___ Apartment___ Condo___ Mobile Home___
Other_____

3. If you rent (or lease to own) please list the name and phone # of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment or park manager:

Name_____ Phone#_____

4. Are you a permanent or seasonal resident? Permanent___ Seasonal___

5. What types of pets do you **currently** have in your household?

Name _____ Dog/Cat? _____ Male/Female? _____ Spayed/Neutered? _____ When was last vaccination given? _____ How long owned? _____

6. What other animals have you owned in the past? _____ What happened to them?

7. Have you ever surrendered an animal to a shelter or animal control facility? Yes ___ No ___
If yes, please describe the circumstances _____

8. Who is your Veterinarian or Vet Clinic? _____ Phone # _____

9. How many adults live in household? _____ Children? _____ Ages of children _____

10. Does anyone in your household have known allergies to animals? Yes ___ No ___

If yes, please explain _____

Fostering Preferences

Kitten ___ Cat ___ Age Preferred ___ Puppy ___ Dog ___ Age Preferred ___

Are you willing to bottle feed a young kitten or puppy every few hours? Yes ___ No ___

Are you willing to houstrain a puppy or dog that is not housebroken? Yes ___ No ___

Will you foster a previously abused animal? Yes ___ No ___

Will you foster an animal that has medical problems? Yes ___ No ___

Will you foster an animal known to have a biting problem Yes ___ No ___

Will you agree to bathe/groom a foster Yes ___ No ___

Other preferences for fostering:

Fostering Experience

Have you ever fostered an animal before? What kind of animal? For what group?

FOSTER AGREEMENT

I certify that:

- I am at least 18 years of age.
- I have prior pet ownership experience.
- My current pets are up to date on vaccinations.
- I have appropriate facilities to house the animal.
- I am willing to feed, groom and medicate the foster animal as instructed by shelter staff.
- I am able to bring the foster animal to the shelter for scheduled appointments.
- I understand that all animals remain the property of the Bloomfield Animal Shelter and must be returned for medical care and adoption.

NAME: _____ SIGNATURE: _____

VOLUNTEER RELEASE WAIVER

I will hold Bloomfield Animal Shelter harmless in the event of any injury or harm sustained as a result of fostering an animal. I understand that under BAS Worker Compensation Policy, volunteers are not eligible for coverage for injuries sustained while volunteering at the shelter or any other BAS sponsored events. (please initial here) _____

I waive all claims against the Bloomfield Animal Shelter, the Township of Bloomfield and County of Essex or the State of New Jersey, and/or their members, directors, employees and volunteers for all personal injury and property damages resulting from volunteer work for the Bloomfield Animal Shelter. (please initial here) _____

I understand that during my time at Bloomfield Animal Shelter I may be photographed. I authorize BAS to use photos of me in promotional materials, volunteer interest stories, brochures, newsletters, or in other professional BAS capacities. (please initial here) _____

BLOOMFIELD ANIMAL SHELTER CONFIDENTIALITY AGREEMENT

It is the Bloomfield Animal Shelter's policy to protect its property and proprietary information. The willful disclosure of BAS animal control investigations and/or cases, donor files, client information or any other confidential and proprietary information during or after termination of employment constitutes a violation of BAS policy and may result in disciplinary action up to and including discharge for current volunteers and/or legal action of both current and former volunteers. Information that must not be released to people outside of BAS includes, but is not limited to the following:

- Customer and/or donor lists and any information related to customer and/or donor contacts
- Any information, files or related materials from animal control investigations
- Any Bloomfield Animal Shelter files, including personnel and confidential documents
- Specific employee compensation rates and related information
- All work products, including letters, memoranda, presentations, email, and all other documents, whether hard copy or not, is confidential and the property of BAS. As such, it may not be copied, taken, transmitted, lent or transferred from BAS premises without prior written authorization from the Shelter manager.

I, the undersigned, understand, acknowledge and agree to abide by the BAS Confidentiality Agreement. I understand that if I breach this contract, I could face disciplinary action, including discharge from service, and possible legal action.

NAME: _____ SIGNATURE: _____