| Education • Outreach • Adoption                | Foster Care Application         |  |
|--|---------------------------------|--|
| Name:  |                                 |  |
| Street Address:                                | City/State/Zip:                 |  |
| Telephone:                                     | Email:                          |  |
| Type of Residence: $\Box$ single family $\Box$ | condominium 🛛 apartment 🗆 other |  |
| Do you have children? 🛛 yes, ages              | 🗆 no                            |  |
| List the pets you have:                        |                                 |  |
| Can you quarantine a new bird?                 |                                 |  |
| What species are you willing to foster?        |                                 |  |
| Do you have experience with this species?      |                                 |  |
| Are you willing to have a home visit?          |                                 |  |

## Foster Care Agreement

I, \_\_\_\_\_\_ (print name) hereby submit my application to provide foster care for birds in the Connecticut Parrot Society (CPS) adoption program. I have read the CPS Adoption Policies and Procedures, and willingly agree to the terms and directives set forth therein as they apply to foster care.

If I am selected to provide foster care, I understand that I am responsible for the well-being of any bird(s) placed with me by CPS until said bird(s) are adopted. This means that I will quarantine the bird(s), if necessary, and provide a proper diet, clean water, clean living and playing areas, appropriate out-of-cage time and social interaction with said bird(s).

I understand that there are inherent risks in having an exotic bird in my home, and I accept such risks. I fully and solely accept all responsibilities and liabilities associated with fostering any bird(s) for CPS.

I understand that any bird that I foster for CPS must remain in my care until it is adopted. In the event that this should become impossible, I agree to return said bird(s) to CPS. I understand that I cannot transfer possession of said bird, except through CPS. I understand that I cannot sell said bird.

I understand that selection for foster care does not imply approval for eventual adoption of any bird(s) placed in my care. If I decide to pursue adoption through CPS, I will fill out an adoption application and submit it, together with the \$35 (members) or \$50 (non-members) non-refundable application fee, to CPS, for consideration by the adoption committee.

I certify that I have read and understood this agreement, and that I willingly accept all terms and conditions set forth herein.



## Hold Harmless Agreement (Supplement to the Foster Care Application and Agreement)

I, \_\_\_\_\_\_ (print name), willingly agree to hold harmless the Connecticut Parrot Society (CPS), its officers, board of directors, members, representatives, and/or volunteers from any and all liabilities, including but not limited to debts, property damage, injuries, illnesses, lost wages, scarring, and/or disabilities, whether permanent or temporary, caused by any bird(s) that I am fostering for CPS. I fully accept and agree that I am solely responsible and liable should such event occur.

I understand that parrots may attack with or without provocation or warning, and may cause considerable injury or permanent disability, including but not limited to loss of a finger, thumb, or eye (eyesight).

I agree to provide clean housing and fresh food and water, daily. I understand that providing such care may place me at risk of injury from attacks or bites.

I understand that parrots may harbor microbial bacteria or viruses, and may become infected with hidden illnesses.

I will not allow anyone direct access to, nor within arm's reach of any parrot(s) that I foster for CPS, except for CPS adoption committee members or CPS board members.

I certify that I have read and understood this agreement, and that I willingly accept all terms and conditions set forth herein.

Signature

Date

Printed Name of Witness / Signature of Witness

Date