

KINDRED SOULS FOUNDATION

Medically Fragile Program Process

The intent of this program is to find appropriate placements for medically fragile animal companions and to provide both human and animal companions with a mutually joyful experience. Kindred Souls Foundation (KSF) provides the caregiver with the necessary food, litter, and medical services for their companion and promises the animal companion a loving, healthy and safe environment. KSF remains a support to the animal for the remainder of his/her lifetime while the caregivers provide for him/her in their home. Should the caregiver no longer be able to tend to the animal, KSF takes the animal back into the Foundation.

The program is designed around Kindred Souls Foundation's responsibility to ensure the animals are provided with the care they need to maintain quality of life. Caregivers are a huge part of the success.

Requirements to Participate in the Medically Fragile Program

- Non-smoking homes only
- Must have reliable transportation and be willing to transport the animal to appointments
- Cats must remain in-door only; dogs must not be left unattended outdoors or left outdoors overnight
- Permission from Landlord or Manager to have an animal on premises (if applicable)
- Caregiver must disclose any health problems/conditions so that KSF can ensure we find the best 'fit' in a companion
- Must be willing to follow the animal companion care guidelines outlined in the Care Contract

Matching Companions: Each person and animal's needs are assessed and a profile is developed. Our holistic approach to care ensures that all components of their being (medical, physical, emotional, and spiritual) are taken into account when finding the most appropriate match between human and animal companions.

Home Visits: An initial home visit is done to help determine optimal integration options and to go over the Care Contract. This is a good time to ask questions regarding any and all processes. Additional home visits may be done on a monthly or quarterly basis depending on the circumstances.

Medical Needs: When the animal companion is in need of vet care the KSF coordinates with the caregiver and sets the appointment at Chambers Creek Veterinary Hospital or other care facility so that it is authorized under our KSF account. Frequency of vet visits depends on the individual animals treatment plan as determined by our medical advisors.

Animal's Health: All animal companions will receive a Well Pet Exam before being placed in the home. The animal will be current on vaccines (cats: FVRCP, Rabies; dogs: DHPP, Rabies) according to age, altered, de-wormed, flea-free and micro-chipped. Cats will be combo tested for Feline Leukemia and FIV. Specific medical issues and treatment plan will be addressed. You will always be in the know on the animals lab results, tests, etc.

Completed and hand-signed Medically Fragile Program Applications are faxed to (253) 584-4332 or mailed to:

Kindred Souls Foundation
ATTN: Medically Fragile Program
P.O. Box 88627
Steilacoom, WA 98388

Medically Fragile Program is currently limited to cities within a 20-minute radius of Lakewood, WA

Today's Date: _____

Application Received (KSF only): _____

Medically Fragile Program Caregiver Application

Name	Home Phone	Work Phone
Physical Address (including city/zip)	Cell Phone	Email
Occupation	Employer	
Name (co-applicant)	Home Phone	Work Phone
Email Address	Cell Phone	
Occupation	Employer	

Type of Dwelling House Apartment Condo Other _____

How long have you lived at your current address? _____

Do you Own Rent Live with friends/relatives Other (please clarify) _____

Landlord's Name _____ Phone Number _____

Are there any pet restrictions in your place of residence? No Yes

If Yes, please specify _____

How many people live in the home? _____

Please list the ages of the people living in the home under 18 yrs: _____

Do you plan on moving in the next 12 months? Yes No

Do you wish to care for a cat or a dog? Cat Dog

CATS

Hair length: short medium long any

Claws: de-clawed only (will limit options)

DOGS

Hair length: short medium long any

Activity level: high medium low

Will you walk the dog? Yes No

Weight: 0-20# 21-40# 41-50# 51+#

14. Are you able/willing to care for an animal who requires wet food? Yes No

15. With what medical needs are you comfortable?

- | | | |
|---|--|---|
| <input type="checkbox"/> Oral medication | <input type="checkbox"/> Injectable medication | <input type="checkbox"/> Oral chemotherapy |
| <input type="checkbox"/> Sub Q fluids | <input type="checkbox"/> Bathing | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Applying topical skin creams | <input type="checkbox"/> Ear medications | <input type="checkbox"/> Eye medication |
| <input type="checkbox"/> Post Radio-Iodine care | <input type="checkbox"/> Post surgical recovery care | <input type="checkbox"/> Broken bone recovery |
| <input type="checkbox"/> Expressing the bladder | <input type="checkbox"/> Monitoring respiratory rate | <input type="checkbox"/> Monitoring heart disease |
| <input type="checkbox"/> Monitoring diabetes | <input type="checkbox"/> Treating ringworm | <input type="checkbox"/> Deafness |

List any other medical caregiving experience you have or would be willing to provide:

16. Please list the animal companions currently in your home:

<u>Type of Animal</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Age</u>	<u>Indoor/Outdoor</u>	<u>Vaccinated</u>
	M F	Yes No		Indoor Outdoor	Yes No
	M F	Yes No		Indoor Outdoor	Yes No
	M F	Yes No		Indoor Outdoor	Yes No
	M F	Yes No		Indoor Outdoor	Yes No
	M F	Yes No		Indoor Outdoor	Yes No

17. Please initial the statement below:

_____ I understand that the animal companion in the medically fragile program must remain indoors only with the exception of dogs on a leash or dogs supervised in a fully fenced yard.

18. Do you have a dog door? Yes No If Yes, does it lock? Yes No

19 Do you have a fully fenced backyard? Yes No If Yes, what height? _____

20. How many hours a day will the animal companion spend without a human companion?

21. Where will the animal companion be while you are away from home during the day?

22. Where will the animal companion sleep at night?

23. Where will the animal companion stay should you go on vacation or have an emergency?

24. Are any members of the household allergic to animals? Yes No Unknown

If Yes, then how will this be accommodated?

25. Please provide three personal references who can share with us your commitment to animals

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

26. Please tell us why you wish to be a caregiver to a medically fragile animal companion:

27. Please tell us anything else you want us to know so that we can do our best to find an appropriate placement for you:

What Happens Next?

Once your completed application is received and reviewed, a case manager will contact you to make arrangements for your home visit and to go over the care contract that you will complete once a potential foster animal is identified. This is also an opportunity for you and your family to ask any questions about your role as a caregiver.

Thank you for your interest in helping an animal in need!

Printed Name

Signature

Date

Printed Name (co-applicant)

Signature

Date