

FOSTER APPLICATION

	Name:					Date:		
	Address:							
	Town:				Zip Code:			
	Phone # (Home): (Cell):							
	Do you (circle one)? RENT OWN Landlord Name & Phone #:							
	Why are you interested in fostering?							
								_
What type of animals could you foster (circle all)? ADULT CATS ADULT DOGS PUPPIES LITTERS OF KITTENS W/ MOM ORPHANED KITTENS BOTTLE FED KITTENS FERAL KITTENS								
List pets living in your home below:								
	Name of pet:	Type & Breed	Age	Sex	Fixed	?	Vaccines current?	
								_
								_
Veterinarian's name and phone #:								
	Do you live with children? YES NO If yes, what ages?							
	Is there a separate room where foster pets could be kept? YES NO							
	What times of the year are you unavailable to foster?							

FOSTER CARE AGREEMENT

Unfortunately it is not uncommon for foster animals to die in care or need to be humanely euthanized due to an illness that we cannot treat. Are you prepared for the possibility that some of the animals you foster may not survive? YES NO					
Due to the high cost of veterinary care, we require foster parents to get approval from a staff member before seeking veterinary care for a foster animal. We can be reached on the main shelter line from 5:30 AM to 5 PM and on our emergency foster line during all other hours. Do you agree to do this? YES NO					
•	onal pets living in a foster home be up to date on nimals into the home. Do you agree that your penome visit? YES NO	-			
or your pets to a disease etc.). Do you acknowle	nd other preventative measures, it is still possible e or illness (Ringworm, Tapeworms, Roundworms edge that you will be risking exposure if you decides NO	s, Rabies, Upper Respiratory Infections,			
If you or your pets are exposed to a disease or illness from a foster animal, the Franklin County Animal Shelter cannot assume financial, medical, or veterinary responsibility for any transmissions. Do you understand? YES NO					
	nt, may become pregnant, or has a compromise ing to take in foster animals. Do you understand	·			
	roved foster parent, foster animals are approved ve your home to go to a veterinarian for an appand? YES NO				
, •	all instruction given to you by Franklin County Ar your foster animals (includes following feeding s at schedule)? YES NO				
Do you agree to keep of duration of your foster c	all cats and foster kittens indoors, and all dog fos commitment? YES NO	sters on leash when outdoors during the			
parents and friends or fo	Shelter is responsible for adoption screening and amily members of foster parents will go through a foster animal. Do you understand? YES	the regular adoption process if they are			
By signing below you ar	re acknowledging that you have read and unde	erstand the foster care agreement.			
Foster Parent Signature:	:	Date:			
Staff Approval:		Date:			