

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 7:00 AM to 4 PM . Do you agree to do this? YES NO						
We require that all personal pets living in a foster home be up to date on vaccinations and flea preventatives before sending foster animals into the home. Do you agree that your pets are currently up to date, or will be before the time of the home visit? YES NO						
Despite vaccinations and other preventative measures, it is still possible that a foster animal could expose you or your pets to a disease or illness (Ringworm, Tapeworms, Roundworms, Rabies, Upper Respiratory Infections, etc.). Do you acknowledge that you will be risking exposure if you decide to allow your pets to interact with foster animals? YES NO						
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						
Anyone who is pregnant, may become pregnant, or has a compromised immune system should consult their physician before agreeing to take in foster animals. Do you understand? YES NO						
	roved foster parent, foster animals are approved ave your home to go to a veterinarian for an app and? YES NO					
_	all instruction given to you by Franklin County Argyour foster animals (includes following feeding softschedule)? YES NO					
Do you agree to keep duration of your foster of	all cats and foster kittens indoors, and all dog fos commitment? YES NO	ters on leash when outdoors during the				
parents and friends or f	Shelter is responsible for adoption screening and amily members of foster parents will go through to a foster animal. Do you understand? YES	•				
By signing below you a	igning below you are acknowledging that you have read and understand the foster care agreement.					
Foster Parent Signature	:	Date:				
Staff Approval:		Date:				