

FOSTER CARE APPLICATION

For: Humane Society of the White Mountains

Date: _____

Orphaned Kittens(s) _____ Orphaned Puppy(s) _____ Pregnant Cat _____ Pregnant Dog _____

Adult Cat _____ Adult Dog _____

Foster Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Company Name: _____

Home Phone: () _____ Work Phone: () _____

1) Are you a part of any animal organization? Yes No

If Yes, Which one: _____

2) Why would you like to foster? _____

3) Do you live in a: Condo/Townhouse [] Apt. [] Duplex []
Mobile Home [] House []

4) Do you: Rent/Lease [] Own []
If you rent, is your lease: Yearly [] Monthly []

Name of complex and/or association: _____

Name and phone # of landlord or owner: _____

PET POLICY: _____

How long have you been at this address? _____

5) How many adults reside at this address? _____
Are there children in your home? Yes [] No []
If yes, how many and what are their ages? _____

6) Would there be anyone at home during the day? Yes [] No []
If yes, who? _____

7) Do you have any dogs and/or cats at home now? Yes [] No []
1. Age _____ Breed _____ Sex _____ spay/neuter: Yes [] No []
2. Age _____ Breed _____ Sex _____ spay/neuter: Yes [] No []
3. Age _____ Breed _____ Sex _____ spay/neuter: Yes [] No []
Pet's Name(s): _____

Approximate date and reason of last vet visit: _____

- 8) Have you had other pets in the past 5 years? Yes [] No []
1. Age _____ Breed _____ Year: _____ Disposition: _____
2. Age _____ Breed _____ Year: _____ Disposition: _____
Pet's Name(s): _____
- 9) What animal hospital/clinic do you (or did you) use?

- 10) Where will the foster animal(s) be when no one is home?
Indoors [] Outdoors [] _____
- 11) Where will the foster animal(s) sleep?
Indoors [] Outdoors [] _____
- 12) Have you ever been convicted of a felony? Yes () No ()

I, _____, agree that all of the information which I have given above is correct as written and I authorize the Humane Society of the White Mountains to verify any information.

Date _____ Volunteer Signature _____

Date _____ Parent/Guardian Signature _____
(Parent/Guardian must sign release if volunteer is under the age of 18 and is living at home.)

FOSTER CARE AGREEMENT

I agree to the following conditions: (Please initial each)

1. _____ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies.
2. _____ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. _____ I agree to keep the foster animal indoors unless accompanied outside by myself.
4. _____ Should the foster animal become ill while in my care, I agree to call the Humane Society and follow the instructions given to me. If I choose to take the animal to a veterinarian without prior arrangements with the Humane Society I will be personally liable for the expenses.
5. _____ I fully understand that the foster animal is the property of the Humane Society of the White Mountain. Any decision made by the director of foster care will be followed by me, regarding the return and/or disposition of the foster animal.
6. _____ I agree to return the foster animal(s) as instructed. I agree to make an appointment on the said date. Incoming foster animals are to come through the receiving department, the receiving associate will announce to the clinic of their arrival.
7. _____ I understand that the Humane Society of the White Mountains is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. _____ The Humane Society of the White Mountains is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.

Signature: _____ Date: _____

Print Name: _____