

FOSTER CARE APPLICATION and AGREEMENT



HSOA USE ONLY

Date of satisfactory veterinary check: _____ Staff conducting veterinary check: _____
Orientation Date: _____ Date Received Foster Care Manual: _____

Foster Care Provider: (Please print clearly.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ E-mail: _____

1. What type of animal(s) are you willing to foster? (check all that apply)

Puppy with: Bottle Feeding Medical Needs
Dog with: Pregnant Nursing w/Puppies Medical Needs Behavioral Issues
Kitten with: Bottle Feeding Medical Needs
Cat with: Pregnant Nursing w/Kittens Medical Needs Behavioral Issues
Others: Rabbit Reptile Bird Guinea Pig
 Hamster Gerbil Ferret Rat/Mouse

2. Have you fostered for the Humane Society before? Yes (Where? _____) No

3. Have you fostered for any other organization? Yes (Where? _____) No

4. Do you have any experience with the needs of the animal(s) that you wish to foster? Yes (explain) No

5. What type of home do you have? House Apartment Condo/Townhouse
 Duplex Mobile Home

6. If you lease: Landlord's Name _____ Phone: _____

Is there a Pet Policy in your lease? Yes (explain) No

7. How long have you lived at this address: _____ Years _____ Months

8. Please list any other persons residing in your home, their relation to you, and their ages:

Name	Relation	Age

Do all of the adults (those over 18 years of age) listed above agree to foster animals? Yes No

9. Does anyone in your household have pet allergies? Yes No
 If so, are they on medication for it? Yes No

10. Please list any animals currently living in your home:

Name	Breed/Species	Current Rabies Vaccine? (yes or no)	Current Distemper Vaccine? (yes/no)	Spayed/ Neutered? (yes or no)	Age

11. Are your animals licensed for the current year? Yes No

12. Have your cats been tested for and vaccinated against Feline Leukemia? Yes No No cats in home

13. Are your pets housed
 ___ indoors only ___ outdoors secured to doghouse
 ___ outdoors in kennel ___ outdoors in fenced-in yard (How high is fence? _____)
 ___ other (please specify) _____

14. Please list the name of your current Veterinarian or the Vet Clinic you use for your current and/or previous pets:
 Vet or Clinic's Name: _____ Phone: _____

15. How many dogs and cats have you owned in the past 5 years? ___ dogs ___ cats ___ other
 Where are they now? _____

16. Has anyone in your household, including yourself, ever been cited for an animal-related offense?
 Yes (explain below) No

17. Will there be an adult at home during the day? Yes (Who? _____) No

18. If an animal in your care were to run away, what methods would you use to attempt to find him/her?

Please be specific. _____

19. Are you familiar with crate training? Yes No

20. Do you have any professional training or experience in regard to animal care or training? Yes No

21. Have you ever trained your own pets? Yes (explain below) No

22. Will you keep fostered pets separated from your own pets if necessary? Yes (explain below) No

23. Please list two (2) references who are not family members:

Name: _____ Phone: _____

Name: _____ Phone: _____

FOSTER CARE AGREEMENT

A SIGNATURE AT THE BOTTOM OF THIS PAGE IS REQUIRED TO FOSTER PETS

By signing below, I hereby accept a position as a volunteer foster parent for the Humane Society of Harrisburg Area, Inc. ("HSHA"), upon the following terms, conditions, and understandings.

FOSTER PARENT ACKNOWLEDGMENT

1. I have received the foster parent handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it. Additional questions may be directed to the Volunteer/Foster Coordinator.
2. I understand that the animals I care for as a foster parent remain the property of HSHA at all times.
3. I understand that I will not be held responsible for illnesses these animals contract while in my care, except as a result of my own negligence.
4. I understand that HSHA will provide all necessary care items for my foster animals, including supplies and veterinary care. Non-HSHA veterinary care may only be sought in cases of extreme and urgent emergencies.
5. I understand that should my foster animal(s) wander away or be stolen, I must contact HSHA immediately to file a lost report.
6. I understand that animals I care for must be returned to HSHA at the conclusion of the period for which they needed to be fostered or at any time earlier if requested by HSHA staff.
7. I understand that I am not permitted to adopt the foster animals in my care to others or transfer physical custody of the foster animals to others. All adoptions must be completed through HSHA and must follow HSHA's regular adoption procedures and policies.

TERMS AND CONDITIONS

1. My services to HSHA are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation, reimbursement, or other payment of any kind whatsoever.

2. My services are furnished without any employment-type benefits, including, but not limited to, employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.
3. I will familiarize myself and comply with HSHA's foster care policies and procedures applicable to foster parents. In particular, I fully understand that HSHA expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a foster parent.
4. I understand that I assume full legal responsibility for the foster animal(s) in my care and for any damages to persons and/or property caused by said animal(s).
5. I understand that HSHA, without notice or hearing, may terminate my services as a foster parent at any time with or without reason.

RELEASE

1. I understand the risk of harm presented by the handling of animals and other volunteer activities on behalf of HSHA. I further understand that volunteer activities may place me in situations that could result in injury to me or my personal property due to the unpredictable nature of animal behavior and interaction of animals that come into HSHA's care, custody, and control. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, indemnify, and hold harmless HSHA and its directors, officers, employees, and agents from any and all claims, causes of action, and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of HSHA.

This agreement will remain in effect for any animal(s) that may be fostered in this home in the future.

Foster Parent Name (printed): _____

Foster Parent Signature: _____ Date: _____

Volunteer/Foster Coordinator Signature: _____ Date: _____