

FOSTER CARE APPLICATION AND AGREEMENT



FOSTER PARENT INFORMATION:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Alternate Telephone: _____

E-mail Address: _____ Work Telephone: _____

1. What type of animal(s) would you prefer to foster (circle all that apply):

Kittens Adult cats Puppies Adult dogs Small Animals (rabbits, guinea pigs, etc)

2. What types of foster needs are you interested in helping with (circle all that apply):

Underage animals (kittens, puppies, and small animals under 8 weeks of age)..... YES NO

Animals recovering from surgery/undergoing short term medical treatment... YES NO

Animals undergoing long term medical treatment (permanent foster)..... YES NO

Animals in need of hospice care..... YES NO

Animals with behavior and/or training needs..... YES NO

Animals that are timid or shy and need socialization..... YES NO

3. Have you fostered for the Humane Society before? YES (What year? _____) NO

4. Have you fostered for any other organization? YES (where? _____) NO

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

6. If you rent please provide the following:

Landlord name: _____ Phone: _____

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

FOSTER CARE APPLICATION



Name(s) from Page 1:

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

Name	Relation	Age

9. Does anyone in your household have pet allergies? YES NO
 If yes, are they on medication for it? YES NO

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

Name	Breed/Species	Current on Shots? (yes or no)	Spayed/Neutered (yes or no)	Age

11. Are all dogs in the home licensed for the current year? YES NO

12. Are your pets housed indoors only outdoors (secured to doghouse)
 outdoors (in kennel) outdoors (in fenced-in yard)
 other: _____

13. Please list the name of your current Veterinarian or the Veterinary Clinic you use for your current and/or previous pets:

Vet or Clinic's Name: _____ Phone: _____

FOSTER CARE APPLICATION



Name(s) from Page 1:

14. Have you or anyone in your household ever been cited for an animal-related offense?

YES (explain below) NO

17. Will you be able to keep fostered pets separated from your own pets if necessary?

YES (explain below) NO

I understand that upon completion of this foster animal's goals, he/she shall be returned to the Humane Society of Harrisburg Area, Inc. (HSHA) to be placed up for adoption through the established adoption process with the final approval of acceptable adopters made by HSHA staff.

I further understand and accept that some animals will not survive or may have to be euthanized and that this decision will be made by HSHA.

I understand that, upon request, HSHA may send a representative to inspect the condition of a foster animal and where it is being kept.

Through my signature, I hereby grant HSHA permission to verify the information provided in this document. I have answered the questions contained herein truthfully and completely. I understand that although HSHA takes reasonable care to screen animals for foster care replacement, it makes no guarantee relating to the animals' health, behavior, or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which HSHA has asked me to provide care. I indemnify and hold HSHA free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Signature Date

***** When your application is completed, please drop it off at the shelter located at 7790 Grayson Rd, Harrisburg PA 17111 or email to Aspasia Yeager at AspasiaY@humanesocietyhbg.org. Please call 717-564-3320 ext. 108 with any questions or for more information on our foster care program. *****