



### FOSTER CARE APPLICATION

This application must be completed by the individual over the age of 18 who will be responsible for daily care of foster animals. Please fill out this application completely as incomplete applications will not be processed. Provide your full first and last name.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ Ages of Children: 6 & under 7-11 12+

Full name(s) and relationship of other adults in home that will share responsibility for care:

Date you are available to begin fostering: \_\_\_\_\_

Why are you interested in fostering for THS? \_\_\_\_\_

#### You & Your Household

Pet Experience:

- New to pet care
- Have had one or two pets
- Knowledgeable & experienced

Home Atmosphere:

- Grand Central Station!
- Some activity
- Zen-garden serene

Time away from home:

- Home all day
- Out part-time
- Away 7-10 hours daily

Home Ownership:

- Own my home
- Rent (and have landlord permission to foster)

Who will be the primary caretaker for your foster pets?

Please list any other names that you have used: (nicknames, maiden names, etc):

#### Pet Care

Our foster pets will:

- Live indoors only
- Live indoors/outdoors
- Live outdoors only

Our foster pets will generally:

- Be separated from resident pets
- Live together with our own pets
- Depends on animal\*

**\*THS will provide housing recommendations based on needs of foster animals.**

Where will your foster pet be housed when alone/unsupervised? (please be specific)

How will foster dogs be confined when outdoors? (please be specific)

Would you be willing to take foster pets to weekly adoption events (if available for adoption)?  Yes  No  Maybe

#### Current Pets

Type/Breed: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: Yes No

Kept: Inside Outside Both

How long have you cared for this pet?

Type/Breed: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: Yes No

Kept: Inside Outside Both

How long have you cared for this pet?

Type/Breed: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: Yes No

Kept: Inside Outside Both

How long have you cared for this pet?

#### **Current Veterinary Clinic**

(name and phone):

Do you have more pets?

- Yes (list on back)
- No

Please list any **additional** current pets or pets that have been in your care in the past 5 years:

Type: (dog/cat/other)	Name/Breed	Age	Living with you now?	If no, what happened to this pet?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Do you need more lines for your previous animals?  Yes  No

**What type(s) of animal would you be willing to foster? (check all that apply)**

- Young kittens without mom (eating solid food)
- Orphaned kittens requiring bottle feeding (require feeding every 2-4 hours)
- Young kittens with mom or pregnant cat
- Cats or kittens with URI or on other medication
- Adult cats (non-contagious — break from shelter, weight gain, etc)
- Cats or kittens on cruelty hold (may require foster for extended period of time)
- Undersocialized cats or kittens (may end up with placement through Working Cat Program)
- Young puppies without mom (eating solid food)
- Orphaned puppies requiring bottle feeding (require feeding every 2-4 hours)
- Young puppies with mom or pregnant dog
- Dogs or puppies with kennel cough or on other medication
- Adult dogs (non-contagious— break from shelter, socialization, adopt from a foster home, etc)
- Dogs or puppies on cruelty hold (may require foster for extended period of time)
- Small animals (rabbits, ferrets, rodents, birds, reptiles, etc— circle any that apply)
- Horses/farm animals

I would like to receive more information about the THS **Adoption Ambassador Program**. Adoption Ambassador foster families help with the marketing and adoption process for their current foster pets, and often foster them until permanent homes are found. Animals eligible for the Adoption Ambassador Program are typically those that don't adjust well to the shelter environment, but may also include animals that are special needs, undersocialized, senior, fearful, long-term, or even just to help with space at the shelter!  Yes  No

**I understand and agree to abide by the following terms:**

- I agree to hold THS harmless from any direct or consequential damages arising out of foster care.
- THS is unable to reimburse Foster Volunteers for any expenses incurred while fostering animals.
- THS is the owner of the animal(s) during foster care. The animal(s) will be returned to THS upon request.
- I will abide by the THS Foster Guidelines.
- I agree to return calls and emails regarding my foster pet within 24 hours.
- All foster animals will return to THS for medical care including vaccinations, deworming, and physical exams. I will not take my foster animals to another veterinarian or give over the counter treatments without prior approval from THS.
- My foster animal(s) will receive appropriate indoor care. I will not allow my foster pet off-leash in a non-fenced area.
- The foster animal(s) in my care cannot be given away, sold, or relocated to another home and is only available for adoption through normal THS adoption procedures.
- If necessary, I will allow a THS representative to visit my home/property to examine a foster animal.
- I understand that THS cannot guarantee the health of foster animals and that there is a possibility that the animals may have illnesses that can be spread to other animals and humans.
- I understand that THS cannot guarantee the temperament of foster animals, and I will exercise reasonable caution with any new pet in my home including safely managing interactions between foster animals and children, strangers, or resident pets.
- I understand that there is a possibility that a foster pet may be euthanized if it develops a severe illness or behavioral issues as determined by THS staff.
- I agree that I will keep my resident pets current on vaccinations and other preventative care, and I will notify the Foster Coordinator if my pet develops a contagious illness. THS cannot provide medications or treatments for resident pets.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Processed:  Entered in Pet Point:  P#: \_\_\_\_\_