



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. You will be contacted via email once your application is processed.

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

Type/Breed: _____

Name: _____

Age: _____ Sex: _____

Spayed/Neutered: Yes No

Kept: Inside Outside Both

Type/Breed: _____

Name: _____

Age: _____ Sex: _____

Spayed/Neutered: Yes No

Kept: Inside Outside Both

Type/Breed: _____

Name: _____

Age: _____ Sex: _____

Spayed/Neutered: Yes No

Kept: Inside Outside Both

Current Veterinary Clinic

(name and phone):

Are resident pets up to date on age-appropriate vaccines? Yes No

Are resident pets up to date on flea/tick prevention? Yes No

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)

- Orphaned kittens requiring bottle feeding. (Newborn-2 weeks. Require feeding every 2-3 hours)
- Orphaned kittens requiring bottle feeding (3-4 weeks. Require feeding every 4-5 hours)
- Young kittens without mom 5 weeks and older (Eating canned and dry food by themselves)
- Pregnant cat or Nursing cat (Circle either that apply)
- Cats or kittens *unavailable* for adoption medically. (URI, Injury, weight gain, etc.)
- Cats or kittens *available* for adoption (Animal needs time to decompress, or low space at the shelter)
- Cats or kittens on cruelty hold (May require foster for extended period of time)
- Under socialized cats or kittens (may end up with placement through Working Cat Program)
- Orphaned puppies requiring bottle feeding. (Newborn-2 weeks. Require feeding every 2-3 hours)
- Orphaned puppies requiring bottle feeding (3-4 weeks. Require feeding every 4-5 hours)
- Pregnant dog or Nursing dog (Circle either that apply)
- Dogs or puppies *unavailable* for adoption medically. (Kennel cough, Injury, weight gain, etc.)
- Dogs or puppies *available* for adoption (Animal needs time to decompress, or low space at the shelter)
- 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

Would you like to receive text message alerts if an animal is in need of foster placement that fits the categories you have selected above? If yes, please provide your cell phone number: _____
(You can opt in and out of these alerts at any time)

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: <input type="checkbox"/>	Entered in Pet Point: _____
	Excel: _____ Constant Contact: _____ EZ texting: _____