Columbia
humane society
... unconditionally yours.

Foster Care Application

Date:_____
Name:_____
Address:_____
Phone: Home:_____ Work:_____ Cell:_____

Email Address:_____

What Types of Animals are you interested in Fostering?

_____
_____
_____
_____

Have you ever fostered animals before? If **Yes** for who:

_____
_____

Do you have a separate room for a foster animal? **Yes or No** Which Room:_____

If Interested in fostering dogs do you have a fenced yard?**Yes No** Type & Height:

_____

How many hours a day will the animal be left home alone unattended?_____

Are you willing to spend time socializing, cleaning and caring for your foster animal daily? **Yes or No**

Can you provide basic care items such as food, bowls, litter, and litter boxes? **Yes or No**

If medication is needed are you able to give Oral medications **Yes or No**
By Injection: **Yes or No**
Do you own or rent your home? **Yes or No (if answer is no please provide landlord's name and phone number)**

_____

Please list all the Animals you currently have in your home

Type	Breed	Sex	Age	Date of Last Vaccination	Altered Yes or No

Your Veterinarian's Name:_____ Phone:_____

I agree that you may contact my veterinarian (please initial)_____

Please list three references (your vet, other volunteer coordinator you've worked with, employers, neighbors,etc)

Name	**Phone Number**	**Relationship**	**Years Known**

I certify that all the above information is true.

Date:_____

Signature:_____

Printed Name:_____

Foster Care Agreement

I,_____, agree to the following. Please initial after each section

1.If requested, I will allow inspection of the animal care area at my place of residence prior to and during the fostering of all animals.____

2.I will provide daily exercise and adequate shelter.____

3.I understand that foster animals are to be kept separate from my pets. I understand that Columbia Humane Society (CHS) will not treat my pets if they become ill or are injured while I am fostering a CHS animal.___

4.If at any time during the foster care of this animal(s) I feel that veterinary care is required I WILL CONTACT CHS so arrangements can be made with the vet of CHS's choice. In case of an emergency after business hours I will contact someone on the emergency contact list provided._____

5.I understand that animals who become ill while in foster care will be evaluated as if they were in the shelter and that this may result in a decision to euthanize.____

6.I will return foster animals to CHS upon their request.___

7.I understand that the rights to these animals, and their final disposition, remains with CHS._____

8.If I wish to adopt a foster animal I will follow CHS guidelines and pay the required fee.____

9.I understand that CHS assumes no liability for damages caused by the animal(s) while in my custody. CHS is not responsible for determining the temperament or other characteristics of the foster animals.____

10. I understand that there is a danger inherent in handling animals and I agree to hold harmless and indemnify Columbia Humane Society from any injuries or loss sustained by me or others which may be caused by the animal(s) I am fostering.____

11. I understand that this animal I am fostering belongs to CHS, and that I am not allowed to fundraise on behalf of the animal for any purpose unless you have written consent for the Executive Director of CHS.____

12.I agree if I am entering in the Adoption Ambassador Program, I will screen all applicants to the best of my ability before I place my foster with them. I agree to provide all paperwork to adopter and CHS upon completion of the adoption. I agree to provide all required fees to CHS also._____

13. I understand that failure to follow these guidelines at any time may result in my foster pet being removed from my home._____

_____

Foster Care Volunteer Signature

_____ _____

Foster Care Printed Name Date