

Name and Phone Number of Landlord or Owner:

Pet Policy _____

If you own:

How many adults reside in your home? _____

Are there children in your home? _____

If so, how many and what are their ages? _____

Would there be someone home during the day to care for the pet(s) and if so, whom?

Approximately how many hours will the animal be left alone daily? _____

Do you have any pets of your own? If so, please state the breed, age and sex of each -

Breed _____ Age _____ Sex _____

Breed _____ Age _____ Sex _____

Breed _____ Age _____ Sex _____

Are all of your pets spayed/neutered and up to date on their vaccinations?

Spayed/Neutered Yes [] No []

Vaccinated Yes [] No []

What animal hospital/clinic do you (or did you) use?

Clinic Name _____ Vet Name _____

Address _____

Phone Number _____

Where will the foster animal be kept when no one is home?

Where will the foster animal sleep?

It is recommended that any foster animal be isolated from existing animals for about 2 weeks. How will your foster animal be confined/isolated? Please specify indoor/outdoor facilities.

Are you willing to foster dogs with Kennel Cough (K/C) or cats with Upper Respiratory Infection (U.R.I.)? Yes ____ No ____

I want to foster: (check all that apply)

- Cats/Kittens with U.R.I. _____
- Cats Pregnant or Nursing _____
- Orphaned Kittens _____
- Healthy Cats _____
- Dogs/Puppies with K/C _____
- Dogs Pregnant or Nursing _____
- Orphaned Puppies _____

I, _____, agree that all of the information which I have given above is correct as written, and I authorize the Greenville Humane Society to verify any information.

Date _____

Volunteer Signature _____

Foster Program Agreement

I agree to the following conditions: (Please initial each)

____ I certify that my own pets are up to date on his/her vaccinations and have been spayed/neutered.

____ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases, this separation will minimize the chance of my pets becoming ill.

____ I agree to keep the foster animal indoors unless accompanied outside by myself.

____ Should the foster animal become ill while in my care or previous symptoms worsen, I agree to call the Humane Society and bring the animal in for treatment. Deworming and vaccinations that are required during foster time will be provided by the clinic by scheduling an appointment.

____ I fully understand that the foster animal is the property of the Greenville Humane Society. Any decision made by the director of foster care will be followed by me, regarding the return and/or disposition of the foster animal.

____ I agree to return the foster animal, as instructed, along with all supplies that I have borrowed from the Greenville Humane Society.

____ I understand that the Greenville Humane Society is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.

____ The Greenville Humane Society is held harmless should any animal become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.

____ I agree to provide the appropriate medication to the animal, if necessary, as instructed by the Greenville Humane Society.

____ I understand that after the foster period ends, the animal must be returned to the Greenville Humane Society. The animal cannot be kept by the foster or be given away. Anyone seeking adoption must go through the appropriate channels at the Greenville Humane Society.

Signature _____ Date _____

Print Name _____

For Office Use Only

Date of application approval _____ Staff Initials _____

Date of volunteer orientation _____ Staff Initials _____

Vet References Checked _____ Staff Initials _____

Date of application denial _____ Staff Initials _____

Reason for denial
