



FOSTER PARENT APPLICATION/CONTRACT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____
(Cell) _____

E-mail Address: _____

Birth Date: _____ Driver License #: _____

Living Accommodations:

Do you own or rent your home: Own Rent

If rent, Landlord's Name: _____ Phone: _____

Describe the area where the foster animal(s) will stay: _____

Is your yard fenced? Yes: Height of Fence _____ Type of Fence _____ No

How many people live in the address stated above, including yourself? _____

Do you have children: Yes: Ages _____ No

Does anyone in the household have allergies to animals? Yes No

If Yes, which animals? _____

Do you currently have other pets? No If Yes, please answer below (please use back of page for more pets):

Cat or Dog Age Spay/Neuter Where does he/she primarily live Breed
_____ _____ Yes No _____ _____

Any behavioral concerns or chronic illnesses with your pet(s)? _____

Name, phone # and address of your current vet: _____

How will you keep the foster animal and your pet(s) separated? _____

Do your pet(s) get along with other animals? Yes No

Have you had pets in the past? No If Yes, please answer below:

What types of pets have you had in the past? _____

Where are they now? _____

How much time can you devote to foster care:

Do you: work attend school stay at home

Is it: F/T P/T

Place of Employment/ School: _____

What is your schedule/availability like each day? _____

Is there someone else in the home that will be helping you foster? No
If Yes, explain who and their schedule to help foster: _____

How many hours a day will the foster be left at home alone? _____

How long will you be able to foster the animal for? _____

What kind of animal(s) would you like to foster? (Check the box next to the ones you may like to foster, check as many as you may be interested in, you may check more than one from each category)

Adult Cat (that is): Injured Sick with Ringworm

 Scared and needs one on one TLC

Young Cat / Older Kitten (that is): Injured Sick with Ringworm

 Scared and needs one on one TLC

Mother with Kittens

Pregnant Cat

Litter or Orphaned Kitten (needing bottle-fed)

Litter or Orphaned Kitten (eats by itself) that is: Injured Sick

 Healthy, but too young to be adopted

Adult Dog (that is): Injured Sick with Heartworm

 Scared and needs one on one TLC

Young Dog / Older Puppy (that is): Injured Sick

 Scared and needs one on one TLC

Mother with Puppies

Pregnant Dog

Litter or Orphaned Puppy (needing bottle-fed)

Litter or Orphaned Puppy (eats by itself) that is: Injured Sick

Healthy, but too young to be adopted

Rabbit / Bunny (that is): Injured Sick

Scared and needs one on one TLC

Also Interested in Helping: Birds Reptiles Amphibians Other Small Animals

If interested in fostering a dog/puppy, does size matter? No

If yes, what is the maximum weight dog you can foster? _____

How did you hear about the Foster Care Program? _____

Why do you want to foster? _____

When would you like to start fostering? _____

Have you taken any other training classes? _____

Foster Agreement

1. I will provide humane care, adequate food, water, shelter, exercise and training for the fostering animal. Yes No

2. I agree that this animal will not be chained, tied out or live outside. Yes No

3. I agree to return this animal to PHSGA if I am no longer able to care for this animal for any reason. Yes No

4. I will teach the animal positive behavior. Yes No

5. I will contact a PHSGA representative for further assistance if problems occur with this animal. (Examples: housebreaking, fence jumping, scratching, digging, introducing the new animal to its new home, etc.) Yes No

6. I understand that PHSGA is not responsible for any bites, scratches, illness and/or injury, caused by this animal while being fostered for PHSGA. I hereby release PHSGA from any liability for physical and/or emotional damage caused to me, my family, friends, and/or strangers who come in contact with this animal while under my care.

Applicant Must Sign: _____

7. I understand that PHSGA is not responsible for any property damage caused by this animal while being fostered for PHSGA. I hereby release PHSGA from any liability for damage to any of my, my family's, my friends', and/or strangers' property caused by this animal while under my care.

Applicant Must Sign: _____

8. I understand that PHSGA must pre-approve any veterinary work to foster animals before it is performed. I hereby release PHSGA from any liability for veterinary care expenses not authorized by PHSGA.

Applicant Must Sign: _____

9. PHSGA RESERVES THE RIGHT TO RECLAIM ANY ANIMAL WHOSE CONDITION IS FOUND TO BE IN VIOLATION OF THE ABOVE AGREEMENTS. PHSGA also reserves the right to visit your home to ensure that the animal is being properly taken care of as stated in this application.

I understand the application and agree to the above stated items.

Applicant Must Sign: _____ **Date:** _____

Please note that unfortunately not all applicants will be approved or eligible for fostering.

PHSGA Approval By: _____
Date: _____

