



## Seminole Humane Society Foster Volunteer Application

Foster caregivers provide a temporary home and care for pets until they are adopted and play an important role in helping with animal rescue.

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

Type of pet(s) to be fostered: Kittens(s) \_\_\_ Adult Cat \_\_\_ Puppy(s) \_\_\_ Adult Dog \_\_\_

Size: Small [ ] Medium [ ] Large [ ] Extra Large [ ]

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Birthdate: \_\_\_\_\_

1) Why would you like to foster? \_\_\_\_\_

\_\_\_\_\_

2) Do you live in a: House [ ] Apt. [ ] Other [ ] \_\_\_\_\_

Do you: Own [ ] Rent [ ] Live with Parents [ ]

If you rent, do you have approval from your landlord to have pets? Yes [ ] No [ ]

Name and phone number of landlord: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Do you have a fenced yard? Yes [ ] No [ ] How high? \_\_\_\_\_

Type of fence: Wood [ ] Chain Link [ ] Other [ ] \_\_\_\_\_

3) What are the ages of other people living with you? \_\_\_\_\_

4) Do you have any dogs and/or cats at the home now? Yes [ ] No [ ]

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_
2. Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_
3. Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_
4. Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Are all your pets spayed or neutered? Yes  No

If your pets are not spayed or neutered, why not? \_\_\_\_\_

Are all your pets current on their vaccinations? Yes  No

Do your pets get along with dogs? Yes  No

Do your pets get along with cats? Yes  No

5) Have you had other pets in the past 5 years? Yes  No

1. Age \_\_\_\_\_ Breed \_\_\_\_\_ What happened? \_\_\_\_\_

2. Age \_\_\_\_\_ Breed \_\_\_\_\_ What happened? \_\_\_\_\_

6) Name of your Veterinarian: \_\_\_\_\_

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

Clinic Address: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

7) Where will your foster pet(s) be when no one is home?

Indoors  Outdoors  \_\_\_\_\_

Where will your foster pet(s) sleep?

Indoors  Outdoors  \_\_\_\_\_

8) Are you a part of any animal organization? Yes  No  If yes, which one:

\_\_\_\_\_

I, \_\_\_\_\_, agree that all of the information which I have given above is correct, and I authorize Seminole Humane Society or its adoption partner to verify any information.

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

Approved \_\_\_\_\_ Date \_\_\_\_\_

Return Foster Application and Agreement to Seminole Humane Society.

You can email it to us at [seminolehumanesociety@petlover.com](mailto:seminolehumanesociety@petlover.com), or mail it to us at P.O. Box 88, Seminole, OK 74818.

## SEMINOLE HUMANE SOCIETY FOSTER CARE AGREEMENT

I, \_\_\_\_\_, agree to the following conditions:

(Please initial each)

1. \_\_\_\_\_ I certify that my own pets are up to date on his/her vaccinations, including rabies.
2. \_\_\_\_\_ I agree to keep my pets separated from the foster animal(s) as much as possible. If the foster animal is incubating any diseases, this separation will minimize the chance of my pets becoming ill.
3. \_\_\_\_\_ I agree to provide the animal with good and loving care, including but not limited to food, water, shelter, and medication when required. I agree I will not use any potentially harmful methods (i.e., shock) to train the animal.
4. \_\_\_\_\_ I agree to allow the foster animal indoors when I am home or if the weather conditions require it. I agree the foster animal will be kept secure (in a fenced yard or on a leash) when outside.
5. \_\_\_\_\_ Should the foster animal become ill while in my care, I agree to call the Seminole Humane Society and take the foster animal to a veterinarian. Any non-authorized charges that may occur through a private veterinarian will be my expense. Deworming and vaccinations that are required during foster time will be provided through Seminole Humane Society. I will be responsible for scheduling an appointment with an approved veterinarian.
6. \_\_\_\_\_ I agree to take the foster animal to adoption outreaches and/or return the foster animal as instructed.
7. \_\_\_\_\_ I understand that Seminole Humane Society is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. \_\_\_\_\_ Seminole Humane Society is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.
9. \_\_\_\_\_ I will allow Seminole Humane Society to visit my home.

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