

# The Humane Society of Parkersburg

29<sup>th</sup> and Poplar Streets • P.O. Box 392 • Parkersburg, WV 26102  
(304) 422-5541 • Fax (304) 485-4261 • www.hsop.org

## FOSTER CARE APPLICATION

I am interested in providing foster care for (please check all that apply):

Dogs:  Individual Puppies  Litter of puppies  Mother and litter  Adult Dog  Bottle Babies  
Cats:  Individual Kittens  Litter of kittens  Mother and litter  Adult Cat  Bottle Babies

### 1. Personal Data (please print)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Household Information

Home facts (mark all that apply to you):  Rent  Own Home  Other \_\_\_\_\_

If renting - Landlord's Name & Phone: \_\_\_\_\_

Does your lease allow pets?  Yes  No Do you have a fenced yard?  Yes  No

Describe the area where your foster animals will be kept: \_\_\_\_\_

In addition to yourself, who else lives with you and how old are they? \_\_\_\_\_

### 3. Scheduling Information

How much time can you devote to foster care? During the day? \_\_\_\_\_ In the evenings? \_\_\_\_\_

On the weekends? \_\_\_\_\_ On vacation/holidays? \_\_\_\_\_

Who will care for your foster animals when you aren't home? \_\_\_\_\_

How many consecutive weeks are you prepared to foster? \_\_\_\_\_

### 4. Animal Care Information

Please list current pets (continue on reverse as necessary):

Species	Breed	Age	Sex	Neutered/Spayed	Current on Shots?	Bordatella or FLIV

Current Vet and phone number: \_\_\_\_\_

If none currently, have you had pets before?  Yes  No

What is your experience with caring for sick or orphaned animals? \_\_\_\_\_

Have you completed a Volunteer Orientation?  Yes  No On what date: \_\_\_\_\_

Have you completed your mandatory volunteer hours?  Yes  No

(Over)

# Animal Foster Care Program Agreement

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In signing this foster care agreement, you are agreeing to follow the rules and procedures established by the Humane Society of Parkersburg which include:

1. All foster animals are the property of the Humane Society of Parkersburg and will be returned to the Shelter when requested.
2. Animals in foster care will not be released to any other individual or organization unless directed by Shelter Management.
3. Foster caregivers will not represent themselves as anything other than a Foster Parent or Volunteer of the Humane Society of Parkersburg. Any other representation to any individual, group and/or organization will only be made at the consent of the management of the Humane Society.
4. No advertisement, regardless of media, will be placed on behalf of the foster animal and/or the Humane Society without our consent.
5. All decisions as to final disposition of the foster animal will be the sole discretion of Shelter Management.
6. All veterinary services will be pre-approved by the Foster Coordinator, Shelter Management or their designee. Any unauthorized charges for medical care and services will be the liability of the foster caregiver and may not be reimbursed.
7. Foster caregivers will make every attempt to participate in special events and accompany the animal in order to facilitate adoption.
8. Foster caregivers will bring their foster animal to the Shelter when requested for purposes of allowing approved (potential) adopters to meet the foster animal. They will make their best effort to make arrangements with approved adopters to meet their foster animal at an agreed upon location and time as soon as possible upon request.
9. The Foster Parent will notify us of needs such as food, toys, bedding, crates, etc. Purchases made by you as a Foster without advance approval by the Foster Coordinator, Shelter Management or designee, may not be reimbursed.
10. The Foster Parent agrees to hold harmless the Humane Society of Parkersburg, its agents and staff for any and all damages, illness, or injury caused due to or directly by the animal in their custody.

**Foster Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This space is for Office Use Only**

Date of interview: \_\_\_\_\_ By: \_\_\_\_\_ Recommendation: \_\_\_\_\_