

Date / /

PAYSON HUMANE SOCIETY

812 S. McLane Rd.

474-5590

Foster Care Application

What type of animal(s) would you like to foster? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Injured cats | <input type="checkbox"/> Injured dogs | <input type="checkbox"/> Little critters |
| <input type="checkbox"/> Pregnant cats | <input type="checkbox"/> Pregnant dogs | <input type="checkbox"/> Guinea Pigs |
| <input type="checkbox"/> Mothers with kittens | <input type="checkbox"/> Mothers with puppies | <input type="checkbox"/> Ferrets |
| <input type="checkbox"/> Underage kittens | <input type="checkbox"/> Underage puppies | <input type="checkbox"/> Rats |
| <input type="checkbox"/> Bottle-fed kittens | <input type="checkbox"/> Bottle-fed puppies | <input type="checkbox"/> Mice |
| <input type="checkbox"/> Injured kittens | <input type="checkbox"/> Injured puppies | <input type="checkbox"/> Hamsters/Gerbils |
| <input type="checkbox"/> Unsocial cats | <input type="checkbox"/> Unsocial dogs | <input type="checkbox"/> Rabbits |

Please Print

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Number of children at home _____ and their ages _____

Do you rent or own your home? _____ If you rent, does your lease allow animals? _____

If you rent or reside in another person's home, your landlord/home owner must be contacted prior to fostering an animal. A copy of your lease or written permission to bring a foster animal into the residence must be presented at the time of orientation/interview.

Do you have a fenced yard? _____ What type of fence? _____ How high? _____

Please describe the area where the foster animal(s) will be kept: _____

Please list below any pets currently residing in your household:

Breed	Sex	Age	Spayed or Neutered

Your pets must be current on all vaccinations

You must be able to isolate the foster animal from your pets for a minimum of 14 days

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Foster Animal Agreement

Today's Date _____

ID NUMBER	SPECIES	BREED	COLOR	AGE	GENDER (circle)	SPAYED OR NEUTERED (circle one)
					M / F	Y / N
					M / F	Y / N
					M / F	Y / N
					M / F	Y / N
					M / F	Y / N
					M / F	Y / N
					M / F	Y / N
					M / F	Y / N

Anticipated length of foster care _____

Reason for foster: _____

Date sent to foster: _____

Date to be returned: _____

I agree to keep and care for the above-described animal(s) for the length of time specified by the Payson Humane Society. I acknowledge that I have read and signed a Foster Care Home Agreement outlining the requirements and responsibilities of being a foster care provider, and I agree to all the terms of the Agreement.

Foster Parent Name (please print) _____

Foster Parent Signature _____

Shelter Employee Signature _____

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Foster Care Home Agreement

I, _____, wish to serve as a foster care provider for animals in need from the Payson Humane Society. By becoming a foster care provider, I agree to the following:

1. I may provide the Payson Humane Society with information about my preferences for receiving foster care animals, which may include specifying the species, ages, sexes, spay-neuter status, temperament or other preferences to assure that I am comfortable with fostering a specific animal or animals.
2. The Payson Humane Society may, in its sole and absolute discretion, determine which animals I may foster at any given time.
3. I agree to learn as much as possible about an animal before agreeing to foster it, including the reason it was surrendered or otherwise arrived at the shelter, as well as any specific issues with temperament or medical conditions. I will only agree to foster an animal if I can provide this animal with the appropriate amount of care, time, emotional and physical support it requires during the foster period.
4. If I am unable to care for the animal for the duration of the designated foster care period, I will immediately return it to the Payson Humane Society.
5. If, for any reason, the Payson Humane Society requests the immediate return of the animal to the shelter, I agree to make arrangements to bring the animal back to the shelter within 24 hours.
6. I except in an emergency, if the animal/s should need medical care while in my custody, I will notify the Payson Humane Society Shelter for instructions on where I should take the animal.
7. If I wish to obtain veterinary, behavioral, grooming or other services elsewhere, I must first obtain permission from the Payson Humane Society, and I will be fully responsible for all such costs.
8. The Payson Humane Society will supply food for the foster animal during the time it is in my care.
9. I will not allow any other person, organization or entity to take custody of any foster animal in my care, to include temporary boarding, without the advance consent of the Payson Humane Society.
10. To minimize the chance of disease transmission, my own animals will be fully vaccinated, and I will isolate the foster animal from any of my own pets in my home for a minimum of 14 days.
11. I understand that all foster animals in my care remain the exclusive property of the Payson Humane Society, and that the Payson Humane Society retains the exclusive right to temporarily place, adopt out, or otherwise require the return of the animal to the PHS shelter at any time.
12. I understand that, in spite of the best efforts of the Payson Humane Society, animals may be unpredictable, and I release and hold harmless the Payson Humane Society and all agents, officers, employees, and volunteers for any injuries or damage that may arise as a result of providing foster care for these animals.

Foster Provider Name (please print) _____

Foster Provider Signature _____ Today's Date _____

Address where animal(s) will be kept _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____