



P. O. Box 2094  
Richmond, Kentucky  
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## Foster Care Application

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #s: (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Work): \_\_\_\_\_

Why do you want to foster an animal?

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Are you over 18 years of age? yes no (If no, your parent/guardian must complete this form and agreement.) If you live with parents, do they agree with fostering? yes no

**Home Type:** House Condo Apt. Mobile Home Townhouse Live w/parents

**Fenced Yard:** yes no If yes, what type fence and how tall? \_\_\_\_\_

Do you carry full homeowner's or renter's insurance on your house & property? yes no

Where will you keep your foster pet: During Day \_\_\_\_\_ At Night \_\_\_\_\_

Do you: Own Rent (if you rent, provide property owner's name, address, and phone)

Property owner's name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

If you rent, do you have permission from property owner? yes no

Are you planning to change residences in the near future? yes no

Will you allow announced/unannounced home visits from Humane Society, A.L.L. staff? yes no

Have you had pets in the past? yes no Do you still have that pet? yes no

Are all your pets altered? yes no

Are your pets up to date on standard routine vaccinations? \_\_\_yes \_\_\_no

In the case of cats, have your cats been combo tested to screen for Fiv and Felv? \_\_\_yes \_\_\_no

List numbers and types of current pets at your household:

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I understand how to crate, housebreak, and teaching basic commands with dogs? \_\_\_yes \_\_\_no

Are you willing to buy litter/litter boxes for cats, pet food for your foster(s)? \_\_\_yes \_\_\_no

Do you have children at home? If so, list ages and number of children \_\_\_\_\_

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How long would you be able to foster an animal (e.g., two days, a week, a month, indefinitely)?

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Are you willing to transport the animal(s) to adoption days and/or the vet for emergency care? \_\_\_yes \_\_\_no

Do you want to foster \_\_\_dog \_\_\_cat

Which age would you prefer: \_\_\_orphaned newborns (requires around the clock care/supervision)

\_\_\_ Mother with newborns

\_\_\_ Young/Newborn (less than one year)

\_\_\_ Adult (1+yr)

\_\_\_ Special Needs/or ill animal needing medication/wound care, etc

\_\_\_ No preference

\_\_\_ Dog size preference \_\_\_Large \_\_\_Small \_\_\_doesn't matter

Would you be able to serve as an emergency foster care provider for short periods of time? \_\_\_yes \_\_\_no

Would you be able to foster more than one animal at one time? \_\_\_yes \_\_\_no

If Yes, how many? \_\_\_\_\_

Will you be able to keep the foster animals separated from you own animals for at least two weeks and possibly the entire fostering period? \_\_\_yes \_\_\_no

Please provide **three** personal references that have been to your home. One of the three may be a family member. (Name, address, phone number, email)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Who is your veterinarian:** (Name, office address, phone number). If you do not currently have a vet, list past vet.

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All the above information is true. I authorize the Humane Society, A.L.L. to contact my references, my vet, and allow Humane Society, A.L.L. staff to make home visits.

If I am under 18 years of age, my parent/guardian must complete this form.

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Signature

Date



## Foster Care Agreement with Humane Society, A.L.L.

1. I agree to provide proper food, water, shelter, humane treatment, and medical care for the time I am fostering this animal(s). I understand that all cats will be fostered indoors. Dogs cannot be chained out except to potty but no longer than 20 minutes.
2. The animal(s) I foster are the property of the Humane Society, A.L.L. until adopted. **I agree not to give or sell the fostered animal(s) to any entity or person.**
3. I understand that all medical care will be performed at the Humane Society, A.L.L. at no expense to the foster parent. It is my responsibility to notify a Humane Society, A.L.L. representative immediately of any and all medical needs of the foster pet.
4. I agree to return the animal to the Humane Society, A.L.L. if I am no longer able to care for it.
5. I consent to announced and unannounced home visits by representatives of the Humane Society, A.L.L..
6. I understand that I may be asked to bring the foster dog(s) in my care periodically to the Humane Society, A.L.L. for wellness and behavior checks.
7. I understand that the Humane Society, A.L.L. shall be entitled to immediate possession of the fostered animal(s) if any of the above stipulations are not met or any information provided on this application is found to be false.
8. I understand that if I wish to adopt the foster animal, I must complete the same adoption process required by any other person wishing to adopt a pet.
9. The Humane Society, A.L.L. cannot guarantee the health or temperament of the animals placed in foster care. The Humane Society, A.L.L., its past, present, and future officers, directors, agents, employees, and volunteers shall not be held responsible for any defects and/or illness, which the animal may have or may develop, and for any damage or injury caused to any person or property which may be caused by the animal.
10. I, the Foster Parent, agree to release and hold harmless the Humane Society, A.L.L., its past, present, and future officers, directors, agents, employees, and volunteers from and against any and all attorney's fees and damage or any damage or injury to any person or property which may be caused by the animal and or/arising out of and/or in connection with the animal(s).
11. I agree to transport the animal to Adoption Days, which are every Saturday, 12:00-5:00pm. I agree to drop off the animal by 12:00 and return at 5:00 to pick it up.

**I certify that I have read, understood, and agree with this Foster Care Agreement.**

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Signature/Foster Person

Date

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Signature/HSALL Staff Person

Date