



Foster Care Application

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ Alternate: _____

Email Address: _____

What I would like to Foster:

Yes	No		Dog	Cat	Both
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant Mother/Nursing Young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No		Dog	Cat	Both
<input type="checkbox"/>	<input type="checkbox"/>	Underage animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No		Dog	Cat	Both
<input type="checkbox"/>	<input type="checkbox"/>	Older, injured or sick animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of the Parvo Virus? _____

Do you know what Ringworm is? _____

Do you know what an URI (Upper Respiratory Infection) Looks like? _____

Do all members of your household agree to foster animals? _____

Are you willing to bring the animals in for check-ups to the shelter? _____

Are you willing to administer medications to animals that may require them? _____

In the event of an emergency evacuation of the shelter, would you be willing to foster large amounts of animals for a short period of time? _____

How did you hear of the foster care program? _____

Do you have pets of your own? _____

If you have no animals of your own, you do not need to complete the following questions.

How many? _____ What type? _____

Are you able to keep the foster animals separate from your animals? _____

Are your own pets currently vaccinated? _____

Foster Care Agreement

As a Foster Parent, I agree to:

Please read and initial each line.

- _____ Provide Food, Water and Necessary Care for the foster animal.
- _____ **Alert the Hawaii Island Humane Society with any health issues at first sign or symptom.**
- _____ Return the animal to the Hawaii Island Humane Society upon request.
- _____ Maintain custody of animal at all times and not allow anyone to care for the animal but the members of my household.
- _____ Contact the Hawaii Island Humane Society before providing any medical treatment.
- _____ Release the Hawaii Island Humane Society and its agents from liability for any property damage or injury to person or other pets while in foster care.
- _____ Bring the animal back to the Hawaii Island Humane Society if I am unable to continue to foster for any reason.
- _____ Bring the animal in to the Hawaii Island Humane Society for scheduled appointments for shots, worming or medical care etc.

I agree to the above terms and understand that this foster agreement is valid for one year.

Signature of Foster Parent

Date

Signature of Foster Coordinator

Date

Signature of Shelter Manager

Date