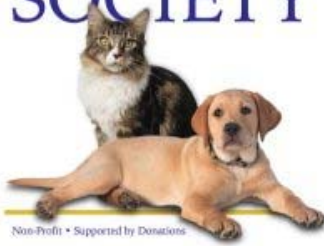


HOUSTON
HUMANE
SOCIETY



Foster Care Volunteer Application

Part A.

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email Address: _____

Driver's License Number: _____ Issuing State: _____

Housing status (check all that apply):

Own Rent

House Apartment Townhouse/duplex Mobile Home

Other: _____

If renting; Landlord/ Complex: _____ Phone number: _____

Fenced Yard? If Yes, Height: _____

Are there children living in or frequently visiting your home? Yes No

If yes, please list their ages:

Part B.

Employment Information:

Occupation/Employer: _____

Length of Employment: _____

Work Address & Phone Number: _____, _____ - _____ - _____

Do you work from home, part time or full time? _____

If you work outside of your home, how many hours each day would your foster animals be unattended? _____

Part C.

Becoming a Foster Volunteer

What experience do you have with animals (fostering, rescuing, volunteering, behavioral modification, training, medical, etc.)?

Please indicate which animals you are interested in fostering (check all that apply):

Dogs Cats Puppies Kittens

Nursing mothers /bottle babies' Ill or injured animals Behavioral issues (i.e. socialization)

Can you provide basic care items such as food, formula and litter? Y or N

Are you willing and able to give medications needed by mouth? Y or N

Describe the area where the foster animal(s) will be kept:

Please indicate the amount of time per day that you can dedicate to foster animals:

Part D.

Personal References:

#1 Name: _____ #2 Name: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Part E.

Personal Current Pet(s) Profile:

Please list **all** pets that are currently a part of your household.

| Species | Breed | Age | Sex | Neutered/Spayed? Yes or No | Date/Type of Last Vaccines |
|---------|-------|-----|-----|-------------------------------|-------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Current animal's medical records attached

Animal Clinic Name: _____ Phone number: _____

Please indicate any medical issues that the above pets have or had:

I (we) CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS APPLICATION. I understand that HHS reserves the right to verify any and all information, including on-site inspection, reference check and that the HHS reserves the right to refuse foster care responsibility to anyone. I (we) have given responsibility of foster care serious consideration and seriously want to foster. I (we) understand the animal will go back to the HHS and I (we) will be notified when the animal will be ready for me to drop off at the shelter. 14700 Alameda Road, Houston, Texas 77053.

Volunteer Signature

Date

HOUSTON HUMANE SOCIETY FOSTER PARENT AGREEMENT

The purpose of the foster care program is to expand the quality of care given to the animals that are sheltered at HHS. The service you are providing by being a foster volunteer will be rewarding to you, and most importantly, for the pet. We at HHS thank you for your time and effort.

It is important that you agree and follow the guidelines below. Failure to do so could result in your removal from the foster care program.

I agree to hold HHS harmless from any direct or consequential damages arising out of this foster care agreement and to abide by the following conditions:

1. The HHS retains all rights and ownership of any animal in the Foster Care Program. The HHS has the right to recall any fostered animal to the shelter at any time.
2. The HHS makes all decisions regarding animals to be placed in foster.
3. Foster Volunteer is at least 21 years of age or older.
4. Foster Volunteer has completed volunteer orientation prior to caring for animals under the foster care program.
5. If Foster Volunteer lives in a rental property, written consent of landlord must be obtained.
6. Foster Volunteer agrees to provide food, water, shelter, and TLC to the foster animal and to follow all medical instructions.
7. Foster animals must be returned to the HHS as soon as they are well or upon request by the HHS.
8. Only authorized foster volunteers may care for foster animals. Foster animals must not be left under anyone else's care without authorization from the HHS.
9. The HHS is not liable for any injury, illness or damage to persons or property, including owned animals, while an animal is in the foster home. Foster volunteer understands that many viruses have an incubation period of 7-14 days, and further understands that such viruses may be contagious and may infect other animals. Foster volunteer accepts that risk and the responsibility of treatment if necessary, at own veterinarian and at own expense.
10. The HHS may visit a foster home at any time providing that the foster volunteer is given prior notice. Prior notice is not required for the repossession of an animal when a foster volunteer fails to bring the animal back to the HHS as requested.
11. Any and all adoptions of foster animals will be made through HHS and are subject to the same guidelines as any other adoption.
12. Any outside inquiries on foster animals are to be directed to HHS.
13. Foster Cats/Kittens must be kept indoors at all times.
14. All of the Foster Parents current pets are to be current on all of their required vaccinations.
15. Animals are matched to foster volunteers by the HHS based on volunteer's experience, ability, and priority needs of animals.
16. HHS will inform you of the estimate length of foster care term, but the time frame is subject to change based on the individual animals needs.
17. Fostered dogs must be kept indoor with outside access.
18. Foster animal with contagious disease must be kept way from other animals. Foster Volunteer must have the facilities (use of separate room) to isolate foster animal with contagious diseases.
19. Foster volunteers must contact the HHS for all foster care needs and questions.

I have read and understand this agreement and conditions to the above terms for the HHS Foster Care Program.

Volunteer Name (Print)

Signature of Volunteer

Date

Houston Humane Society Representative

Date

For Office Use Only

Reviewed By:

Notes:

Approved

Denied

Scheduled F/C Orientation: _____

Scheduled Interview: _____

Reason for Denial:

Notified: _____