



THE HUMANE SOCIETY OF ELMORE COUNTY

255 Central Plank Road (Hwy 9)

Wetumpka, AL 36092

Ph: 334-567-3377 Fax: 334/567-8774

Website: www.elmorehumane.org

Email: hseco@bellsouth.net

DOG/CAT FOSTER APPLICATION

Thank you for being interested in helping us as a much-valued partner in saving lives as a Pet Foster. To see how we can best partner to help animals, please answer all of the questions.

Date: _____ Your **Name** / Age (*must be atleast 18 yrs old*): _____

Address: _____
(Physical Street Address, City, State, Zip)

E-Mail: _____ Phone: _____

Partner/Roommate/Parent Name / Age: _____

Partner/Roommate/Home Owner Phone: _____

Children & their Ages*

* If no children living in the home, but children routinely visit please answer/list above.

Occupation: _____

At your address, do you? OWN RENT* Live with Someone else who owns the home*

*If you rent/lease/live with someone else, please list your Landlord/Owner's Name & Phone Number:

We will contact your landlord/owner to verify any limitations they may have to ensure your success

Please list below any pets currently residing in your household*:

Species	Breed	Sex	Age	Spayed or Neutered (Yes or No)

*Your pets must be current on all vaccinations. Foster animals should be kept from your pets for a minimum of 14 days

Please provide the full name & phone number of your veterinarian for current or past pets*

** Your signature on our application authorizes your Veterinarian to release information to us.*

What are you interested in fostering? Please check all that apply:

☐ Adult Dog ☐ Puppies eating on their own ☐ Bottle Baby Puppies

☐ Mom w/ nursing Puppies

☐ Adult Cat ☐ Kittens eating on their own ☐ Bottle Baby Kittens

☐ Mom w/ nursing Kittens

Dogs/cats with the following:

☐ Dogs undergoing Heartworm Treatment

☐ Dogs/Cats recovering from major surgeries, special needs or in need of long-term recovery

☐ Dogs needing socialization / time out of Shelter

Do you have a separate room/area to keep a foster animal in at your home? ☐ YES ☐ NO Describe below:

For dog fostering, describe your yard - size, fence type and fence height:

How long are you able to foster an animal(s)? _____

Are you willing & capable of giving oral medications if needed? ☐ YES ☐ NO

What hours are you generally home to provide care for your animals? Is someone home during the day?

Are you able to leave work to tend to them during the day if necessary? ☐ YES ☐ NO ☐ N/A

Have you ever been charged with or convicted of an animal or child based crime (not including traffic tickets), YES ☐ NO ☐ If Yes, please explain:

The decision as to what animals are in need of, or eligible for, fostering is completely that of the Humane Society of Elmore County.

Foster animals should be kept apart from your own pets for two weeks for observation as the possibility exists that they are incubating a serious disease, minor illness, skin condition, etc that could be contagious to your pets. HSEC will not be responsible for medical treatment of your owned pets for any reason.

I understand that animals I am fostering for the Humane Society of Elmore County are the property of the shelter and are not mine to give away, place for adoption or temporarily place with another person, without the express permission of the shelter Director or Animal Care Manager. Any babies born to a foster pet are also the property of HSEC.

Foster parents will not make ‘promises’ of animals to any potential adopter as all adoption decisions will be made by the shelter staff. Fosters ARE encouraged to tell responsible pet lovers about your fosters and all the others at our shelter. All adoption approvals are at the Shelter’s approval, and all applicants must fill out our Adoption Application found on our website.

All immunizations, de-worming medication, other medications, food, crates and bowls will be provided by the shelter.

Fosters are NOT authorized to take fostered animals to a veterinarian, groomer or boarding facility without pre-authorization from the Shelter Director or Animal Care Manager. Veterinary care will only be through the Veterinarian designated by the shelter. Please understand that if you take a foster pet to a Veterinarian/Groomer/Boarding Facility for treatment/grooming/boarding without our authorization, you will be responsible for payment of those costs.

Foster parents must be able to bring the fostered pet either back to the shelter or to a designated veterinarian at various intervals for necessary vaccinations, treatments or follow-ups. The foster parent must be able to return all fosters within 48 hours if requested by the Shelter.

Falling in love with a fostered animal is an understandable outcome of fostering and something we completely understand. Fosters, however, must pay the same adoption fees as any other member of the public to adopt a pet from our shelter (this policy also applies to our staff).

We work with our fosters in many ways as far as adoptions go – some fosters are ready to bring them back to our Shelter when they are old enough, recovered from a medical treatment or just ready to return. Some will keep the foster(s) in their home and bring to the Shelter when we have a scheduled adoption appointment with an approved adopter or scheduled adoption events. We will work with the foster for what works best for them and for the fostered pets.

Foster parents will let Shelter staff know of any health or behavioral concerns as soon as possible. HSEC Staff will ensure all fosters have contact information as to how to reach us after hours.

Foster Parents may return foster animals to HSEC for any reason (other animals not liking; family emergency, other pets or fosters illness, or simply too much to handle), at any time during normal Shelter hours of operation. In the event of an emergency, contact the Shelter staff via their personal phone provided to you, our email or the Shelter’s Facebook Messenger.

I agree that the information I have provided is accurate, that all members of my household agree to being a foster family and agree with the policies set forth in this application and the HSEC Foster Care Manual.

Foster Applicant Signature

Date

VOLUNTEER/COMMUNITY SERVICE WORKER

RELEASE AGREEMENT AND COVENANT NOT TO SUE FORM LOCATED BELOW. VOLUNTEER/COMMUNITY SERVICE WORKER RELEASE AGREEMENT AND COVENANT NOT TO SUE

I, the undersigned, do hereby agree to release the Humane Society of Elmore County, hereafter known as the HSEC from all liability. I will not hold the HSEC liable for any damage, illness or injury sustained during volunteer work at or on behalf of the HSEC. I, the undersigned, will never institute any action or suit at law or in equity against the HSEC, nor institute, prosecute or in any way aid, assist or participate, directly or indirectly, in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses, or compensation for or on account of any damage, loss or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present or future, arising out of the condition or operation of the HSEC and its facilities (including, but not limited to any damage, loss or injury to person or property, or both, resulting from contact with or the actions or conduct of any animal located at or in the custody or control of or in connection with the HSEC). The undersigned volunteer further hereby releases, demises and discharges the HSEC and covenants and agrees to defend, indemnify and hold the HSEC harmless of and from demands, damages, suit costs or expenses said volunteer has, had or may for any reason or which may occur or arise by reason of volunteer's association/work, foster/adoption activity or work now, heretofore or hereafter at or with the HSEC.

FULL NAME-By typing in your name you are confirming that the information you have provided is true.

Volunteer Release Agreement-

Email: _____

Choose One: VOLUNTEER ____ COMMUNITY SERVICE WORKER ____

Date: _____

FULL NAME-By signing your name you are confirming that the information you have provided is true

Your Name: _____

FOR VOLUNTEERS UNDER 18 YEARS OF AGE

By signing your name you are confirming that the information you have provided is true.

PARENT/GUARDIAN NAME _____