## THE HUMANE SOCIETY OF ELMORE COUNTY 255 Central Plank Road (Hwy 9)



Wetumpka, AL 36092 Ph: 334-567-3377 Fax: 334/567-8774

Website: <a href="www.elmorehumane.org">www.elmorehumane.org</a>
Email: <a href="https://www.elmorehumane.org">hselco@bellsouth.net</a>

## FARM/EXOTIC ANIMAL FOSTER APPLICATION

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

Partner/Roommate/Parent Name / Age:			
E-Mail: Phone: Partner/Roommate/Parent Name / Age:			
E-Mail: Phone: Partner/Roommate/Parent Name / Age:			
Dartner/Deemmate/Home Ovener Bhone			
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	<u>,</u> *		
*If you rent/lease/live with someone else, please list your Landlord/Owner's Name & Phone N	lumber:		
We will contact your landlord/owner to verify any limitations they may have to ensure your successible sellow any pets currently residing in your household*:	SS		
Species Breed Sex Age Spayed or Neutr			

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

<sup>\*</sup>Your pets must be current on all vaccinations. We recommend isolating the foster animal from your pets for a minimum of 14 days

Please provide the full name & phone number of your Large Animal /Exotic Veterinarian for current or past similar animals\*

* Your signature on our	application auth	orizes your Veterinarian to	o release informa	tion to us.
WHAT ARE YOU I	NTERESTED	IN FOSTERING? PL	EASE CIRCLI	E ALL THAT APPLY:
FARM ANIMALS*:	Equines	Goats/Sheep	Pigs	Fowl
BIRDS:	Small (Parak	eets/Cockatiels/etc)	Large (Parro	ts/Cockatoos/etc.)
POCKET PETS:	Rabbits	Guinea Pigs	Hamsters/M	ice/Rats/etc
REPTILES:	Snakes	Lizards		
Do you have a separat	te room/area to	o keep a foster animal ii	n at your home	? YES NO
Do you have appropri available? YES		losures for the specific	animal concerr	ned or will that need to be provided if
For farm animal foste	ring, describe y	our pastures, corrals, b	earns & fence ty	/pe:
How long are you able	e to foster an ar	nimal(s)?		
Are you willing & capa	able of giving o	ral/topical medications	if needed?	_YES NO
What hours are you g	enerally home	to provide care for yo	ur animals? Is	someone home during the day?
Are you able to leave	work to tend t	to them during the day	if needed? _	YES NO N/A
	charged with or , please explai		al or child base	ed crime (not including traffic tickets)?
The decision as to wh Society of Elmore Co		in need of, or eligible	for, fostering i	s completely that of the Humane
that they are incubating	ng a serious di	sease, minor illness, sk	in condition, e	on & safety as the possibility exists etc that could be contagious to your lanimals 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 animal 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 food, cages/enclosures (if available) will be provided by the shelter if available. Vaccinations for exotics are generally out of the realm of HSEC so HSEC will coordinate with the appropriate Veterinarian for necessary vaccinations or treatments.

Fosters are NOT authorized to take fostered animals to a veterinarian, groomer, stable 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 animal 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 an animal 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, or recovered from a medical treatment. 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. 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. Exception to this are large farm animals as the Shelter has no housing so coordinating for another location may need time. 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

Volunteer Release Agreement-

## 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.

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