



<u>FOR OFFICE USE ONLY</u>			
Volunteer Orientation	_____	Volunteer Waivers	_____ Home Visit _____
Entered in Volgistics	_____	Foster Application	_____ Approved/Active _____
Release of Liability	_____	Foster 101 Class	_____ Declined/Inactive _____

HSMC FOSTER APPLICATION

In order to be considered for fostering a Humane Society of Marion County animal you must:

1. Attend a Volunteer Orientation and sign all appropriate volunteer documents.
2. Attend a Foster 101 class and fill out and sign all foster documents.
3. Be at least 21 years of age and or have the consent of parent or guardian (they must attend orientation & sign).
4. Meet foster expectations and be approved.
5. Consent to home visits.

Please understand that the Humane Society of Marion County reserves to right to reject any applicant for any reason.

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ Email address: _____
 State: _____ Zip: _____ Birthday: _____
 Emergency Contact: _____ Emergency Contact Phone: _____

Please list **all** household members:

Name	Relationship	Birthday	If a child, how old?

Is anyone in your home allergic to animals? Yes____ No ____

Why do you wish to foster animals for the Humane Society of Marion County?



Foster Care Provider Expectations

(please read carefully, initial each spot and sign agreement)

_____ Only designated HSMC staff shall approve and place rescued animals into foster homes. The Foster Coordinator must be notified as soon as possible of any changes in the status of either the animal in your care or the foster home environment indicated on your application.

_____ All animals placed on foster care will be examined, will have be given/will be given all necessary immunizations and will be scheduled to be spayed or neutered when appropriate age & weight.

_____ All basic supplies are included in the foster program. Basic supplies include: Dog → crate, collar, leash, food and toys. Cat → crate, food, litter, litter box and toys. Since each home is set up differently, exercise pens, confinement systems, and scratching posts are available to fosters if supplies are available. All supplies must be returned when the foster animal is returned to the shelter.

_____ Foster animals are to be kept clean and sanitary for their health and wellbeing. Supplies with which they are housed and/or contained in, such as x-pens, crates, blankets and beds, should also be kept clean and sanitary for the same reason.

_____ Foster care providers are expected to give the HSMC animal safe and adequate housing and care. A HSMC foster dog must be on a leash, in a secure carrier or in an enclosed yard while in foster care. Dogs must not be left outside unsupervised. During transport, a HSMC dog must ride inside the vehicle. All HSMC foster cats must live indoors only. The foster coordinator must be notified immediately if the animal(s) in your care is injured or missing.

_____ Foster care providers are expected to follow medical or behavioral plans set forth by the HSMC staff. Foster care providers are expected to report any medical or behavioral concerns within 24 hours by following appropriate channels. Please feel free to ask for help if you encounter challenges.

_____ Foster care providers are expected to exhibit professional conduct and timeliness. Foster care providers are expected to arrive on time, as scheduled.

_____ Foster care providers must be sure that under no circumstance will the HSMC foster animal to be left alone with a child or children without adult supervision.

_____ Foster care providers are expected to care for the foster animal for the agreed upon time set up by the Foster Coordinator. If an emergency arises, please contact the Foster Coordinator to schedule a return to HSMC.

_____ Legal ownership of all HSMC animals remains with HSMC until such time as proper adoption is completed. Only authorized representatives will conduct adoption interviews and process adoptions, transfers or relinquishments. Foster care providers are expected to comply with the adoption process. If a foster care provider finds a suitable adoptive home, they will contact to Foster Coordinator before the animal returns to HSMC and the potential adopter will go through the normal adoption process.

Foster care providers name(printed): _____

Foster care providers signature: _____ Date: _____

Parent/Guardian Signature (if necessary): _____ Date: _____



RELEASE OF LIABILITY

(Please read carefully, initial each spot and sign agreement)

____ (initial) I/We have read and fully understand the Humane Society of Marion County Expectations.

____ (initial) There have been no other representations or promises other than those included in this Foster Application.

____ (initial) I/We understand that all rescue volunteer work done with Humane Society of Marion County is at my/our own risk.

____ (initial) I/We have disclosed all people living in the household (including children) on page one.

I/We, _____
have read, understand, and agree to abide by the conditions of the Humane Society of Marion County Foster Home Agreement & Guidelines. I/we understand that all work done with Humane Society of Marion County pursuant to this Foster Agreement is at my/our own risk, and that I/we assume such risk freely and voluntarily. I/we hereby release Humane Society of Marion County and its agents and employees of any and all liability, property damage, and medical costs while I/we am/are providing volunteer foster care for Humane Society of Marion County. I/We, hereby for myself (ourselves), heirs, administrators and assigns, fully, irrevocably and unconditionally release and agree to hold harmless Humane Society of Marion County and its individual members from any and all known or unknown, anticipated or unanticipated, suspected or unsuspected causes of action, charges, suits, debts, demands, claims, liabilities, losses, costs, expenses (including, without limitation, attorneys' fees) or damages, including but not limited to any medical costs, damage to property, persons or other pets, of any and every kind, nature and description, at law or in equity, in connection with or arising from while I am caring for the agreed rescue companion animal.

Foster Care Providers Signature

Parent/Guardian Signature (if required)

Date