

## Foothills Foster Profile

Please answer each question as completely and candidly as possible. This information will help us determine which foster animals(s) will be compatible with your home.

### Personal Data (PLEASE PRINT CLEARLY)

NAME: _____	DATE: _____
ADDRESS: _____	CITY _____ STATE _____ ZIP _____
PHONES: HOME _____	WORK _____ CELL _____
EMAIL: _____	

**I would like to foster:** rank in order of preference the type of animal you would like to work with and then below each, check what you feel you are able to handle.

#### \_\_\_\_ Kittens

- Bottle feeding
- Nursing mother w/kittens
- Feral or shy
- Sick contagious
- Sick non-contagious
- Underweight
- Recovering from injury/trauma

#### \_\_\_\_ Cats

- Socialization for shy/timid
- Providing a break from the shelter
- Sick contagious
- Sick non-contagious
- Recovering from injury/trauma

#### \_\_\_\_ Puppies

- Bottle feeding
- Nursing mother w/puppies
- Feral or shy
- Sick contagious
- Sick non-contagious
- Not old enough
- Recovering from injury/trauma

#### \_\_\_\_ Dogs

- Behavior modification
- Socialization for shy/timid
- Providing a break from the shelter
- Sick contagious
- Sick non-contagious
- Recovering from injury/trauma

### Household Information

Living accommodations:     Own Home     Rent     Other \_\_\_\_\_

Do you have a fenced-in yard?     Yes     No

In addition to yourself, how many adults live in your home? \_\_\_\_\_

How many children live in (or visit regularly) your home? \_\_\_\_\_

What are their ages? \_\_\_\_\_:

Where do you plan to keep the foster animal(s)?: \_\_\_\_\_

## Animal Care Information

Please list the pets you currently own:

Species	Breed	Sex	Age	Vaccines current?	Altered?	Where kept? (i.e. inside, garage, etc.)

Veterinarian's name & phone \_\_\_\_\_

What experience have you had in caring for sick or orphaned animals?  
\_\_\_\_\_

How many hours per day will the animal be without adult care? \_\_\_\_\_

If necessary, would you be interested in participating in the following

(check all that you are interested in)

- Adoption outings   
  Speaking to potential adopters   
  Training animals

### FOR STAFF USE ONLY

HOME CHECK COMPLETED BY _____	DATE _____
LANDLORD PERMISSION (if applicable) _____	
NOTES          	

FHS staff signature \_\_\_\_\_ DATE \_\_\_\_\_

**FOOTHILLS HUMANE SOCIETY  
FOSTER APPLICATION AND AGREEMENT**

**TERMS OF FOSTER CARE OF ANIMAL(S)**

Foster Caregiver(s) agree that:

1. I will provide humane care, including adequate food, water, shelter and kind treatment, to the animal, and follow written care instructions given by FHS. I will keep the animal's shelter-assigned name, collars and tags on the animal. If the animal is not spayed or neutered, I will ensure take care that it does not breed.
2. The animal remains the property of FHS. I will deliver the animal to FHS upon request and/or when scheduled. FHS has the right to visit the animal at any time to ensure its appropriate care. I agree to comply with all decisions regarding the care, custody or adoption of the animal.
3. FHS will pay for all routine and approved emergency medical care. I will contact FHS prior to ANY veterinary care at the following numbers:

FHS Shelter: 828-863-4444.  
Dana Mayer, Animal Placement Coordinator  
Dawn Evans, Shelter Manager.

***I understand that I will be responsible for any cost or expense if I do not obtain prior authorization for veterinary care.***

4. I will work with FHS to facilitate the animal's adoption. If I wish to adopt the animal, I will have first priority, but must comply with all FHS adoption procedures and policies. If I find the animal a permanent home, I will send the adopter to FHS, and return the animal to the Shelter to finalize the adoption.
5. I will contact the Shelter prior to returning the animal. I will not transfer control of the animal to a third person without consent of the FHS.
6. I understand that animals may be dangerous and cause injury to humans, other animals and property. I will exercise due care to supervise the animal, and hereby release, indemnify and hold FHS harmless for any damage or injury caused by the animal. I will notify FHS immediately if the animal exhibits any dangerous or vicious behaviors.
7. I understand that FHS makes every effort to adopt each animal, but if that sometimes humane euthanization is necessary. I agree to accept the decision of the FHS regarding the animal.

I agree to all of the above terms and conditions of Foster Care of FHS animals.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_