

<b>For Office Use</b>
Dates Contacted: _____
Result: _____
<input type="checkbox"/> Information added to PP & DP
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**FOSTER CARE APPLICATION**

Today's Date \_\_\_\_\_

**Foster Contact Info** *\*Required Information. Print cleanly and clearly*

\*Full Legal Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *You must be 18 to be a foster for the SFAHS. Families may foster with children, but the guardians must fill out this form.*

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Are you able to be contacted at work? \_\_\_\_\_

**Foster Profile** *Please fill out so we can match you to the best foster animals!*

- What is your work schedule like? \_\_\_\_\_
- Do you live in a \_\_\_ SINGLE FAMILY HOUSE \_\_\_ APARTMENT \_\_\_ MOBILE HOME \_\_\_ TOWNHOME/CONDO
- Do you \_\_\_ OWN \_\_\_ RENT
- If you rent, Landlord Name & Phone\* \_\_\_\_\_
- Please put an **X** (check) next to the animals you interested in fostering:
 

<input type="checkbox"/> Mama Cats with Newborn Kittens <input type="checkbox"/> Pregnant Cats <input type="checkbox"/> Extra Care/Special Need Kittens <input type="checkbox"/> Extra Care/Special Need Adult Cats <input type="checkbox"/> Reptiles ___ Birds ___ Small Animals	<input type="checkbox"/> Mama Dogs with Newborn Puppies <input type="checkbox"/> Pregnant Dogs <input type="checkbox"/> Extra Care/Special Need Puppies <input type="checkbox"/> Extra Care/Special Need Adult Dogs
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- Do you currently have pets? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, are they spayed or neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, are their vaccinations current? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, why? \_\_\_\_\_
- Please list your pets, if applicable: \_\_\_\_\_

8. Your current veterinarian contact information, if applicable? \_\_\_\_\_

9. Are you have children in the home or who visit often? \_\_\_ Yes \_\_\_ No If yes, what ages? \_\_\_\_\_

10. Please describe the area you will be housing the foster animals in. *We suggest an enclosed, separate indoor area if possible.*

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11. Do you have any specific skills, volunteer experience, or training pertaining to the care of pets? \_\_\_\_\_

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12. Are you a SFAHS volunteer? \_\_\_ Yes \_\_\_ No

Have you been a foster/volunteer at any other humane society? \_\_\_\_\_

13. Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

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14. Have you ever been, or are you currently, involved with the breeding of animals? Please explain your feelings on the breeding. \_\_\_\_\_

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15. Since we are an open admission shelter, do you understand that under certain circumstances, we may have to euthanize pets? Please explain your feelings about euthanasia.

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16. Please tell us about yourself and why you would like to become a foster for SFAHS

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# Foster Policies & Agreements

*\*Please initial after each statement. This page must be completed.*

1. I agree to foster this animal for the benefit of the animal and not for any personal gain or expectation of ownership. If I wish to adopt the animal I am fostering, I understand I am required to complete the application process and pay the adoption fee, regardless of any expenses I voluntarily spent on the animal.  
\_\_\_\_\_
2. I understand there will be no charge to SFAHS for boarding of the animal. \_\_\_\_\_
3. I understand that the SFAHS has NO knowledge of any vicious or destructive tendencies on the part of the animal. I acknowledge and understand that animals by nature are somewhat unpredictable, and that the animal(s) may cause damage to persons or objects associated with the caregiver or caregiver's premises. I nevertheless assume that risk. \_\_\_\_\_
4. I understand that it is recommended that the animal(s) be isolated from my personal pets and that my pets should be up-to-date on all vaccinations for their protection. \_\_\_\_\_
5. I understand that SFAHS is no liable for any illness or disease a person or pet may contract from a foster animal in my care. \_\_\_\_\_
6. Should any damages occur against my pet, from the animal(s) which I am providing foster care to, I understand the SFAHS is NOT liable or responsible to pay for any vet care needed for my pet. \_\_\_\_\_
7. Should any damages occur against the animal(s) which I am providing foster care to, caused by my pet, I understand I am FULLY responsible for the vet bills incurred. \_\_\_\_\_
8. While responsible for the care of the animal in a reasonable and loving manner, I am NOT liable for injury or death that may occur naturally to the animal in my care. If the animal(s) in my care dies, I will immediately notify the SFAHS and return it for proper care of the animal(s) remains. \_\_\_\_\_
9. The SFAHS will provide the animal(s) with appropriate vaccinations and boosters if applicable. Dogs will receive DA2PP, Bordetella and dewormer. Cats will receive FVRCP and dewormer. The following will be at MY expense if I desire to do so: heartworm check & prevention, Rabies, and any other type of vaccination or test not provided by the SFAHS. *I understand must get prior approval before requesting a vet perform or administers any type of additional care. Any vet costs not approved will be at my expense, and any and all emergency vet visits are at my full expense.* \_\_\_\_\_
10. I understand that if the SFAHS is not able to provide the vet care to the animal(s) I am fostering, it may be deemed necessary to humanely euthanize the animal(s) so they will not suffer or feel any pain. I understand the decision is made carefully, in the best interest of the animal, by an appropriate official of the SFAHS. \_\_\_\_\_
11. SFAHS will provide all necessary materials to foster any animal(s) including: food, litter, litter boxes, collars, leashes, toys, blankets, bowls and kennels. All materials borrowed must be returned upon completion of fostering each animal. \_\_\_\_\_
12. I agree to inform any individuals who are interested in the animal(s) I am caring for, to apply in-person at SFAHS. The application will go through the same adoption review process as any other application, and the applicant will be responsible for full cost of the adoption. \_\_\_\_\_

13. I agree to immediately return all the animals fostered to the SFAHS when requested. I also agree to bring the animals in for shots and check-ups when requested. I understand these dates are given to me as soon as they are known and are determined on an individual animal basis. If the animals are not returned within a reasonable time to the SFAHS, I understand that a Humane Officer is empowered to retrieve the animal(s) from my foster home. \_\_\_\_\_
14. Although it is not guaranteed that foster animals will be adopted, the SFAHS understands the attachment that has occurred and will make every reasonable effort to place the animal(s). The goal in fostering these animals is to give them a better chance for adoption. \_\_\_\_\_
15. The SFAHS representative has permission to inspect my facilities where the animal will be housed per his/her request. The inspection will be done at a time most convenient for all involved. Not all applicants will require a home evaluation. \_\_\_\_\_
16. If it is determined by either party that the terms of this agreement cannot be fulfilled, this agreement may be terminated unilaterally and without notice. The animal(s) will be immediately returned to the custody and control of the SFAHS.
17. An up-to-date **TETANUS** vaccine is recommended, in the event that you are bitten or scratched. TETANUS vaccines need to be updated every 10 years. It may be obtained by your physician at your own expense.  
Please initial here: \_\_\_\_\_
18. I understand that I may name the pets in my care, but they may not keep those names once they go up for adoption. I understand that staff at the shelter will try to keep the name if at all possible, but may need to alter for various reasons.  
Please initial here: \_\_\_\_\_
19. As a foster for the Sioux Falls Area Humane Society, you will be working with animals with unknown and unpredictable characteristics and dispositions, and will be subjecting yourself to various work conditions. You hereby assume the risk of any injury that may result from your volunteer services at the Sioux Falls Area Humane Society. There are no workman's comp or disability benefits for injured volunteers. **BY SIGNING THIS APPLICATION:** You, intending to be legally bound for yourself, heirs, executors, and administrators, release the Sioux Falls Area Humane Society, its officers, directors and staff from any and all rights and claims for damages you may have arising out of any injuries or illnesses suffered by yourself or your pet's incidental to your volunteer services.  
Please initial here: \_\_\_\_\_
20. Confidentiality: Foster are asked to keep all Sioux Falls Area Humane Society matters confidential, and this includes refraining from speaking with any type of media, unless you have received approval from the Executive Director. A breach of confidentiality is a serious infraction of the SFAHS policy and will result in termination of your participation in the SFAHS Foster Program.  
Please initial here: \_\_\_\_\_

In the event that I become a member of the Sioux Falls Area Humane Society Foster Program, I agree to abide by all present and subsequently issued rules of the Sioux Falls Area Humane Society.

Foster Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Humane Society Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*The Sioux Falls Area Humane Society reserves the right to decline any application for any reason. This may include, but is not limited to any area where there is a conflict of interest or incomplete application.*