



# Foster Care Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work phone (if able to be contacted at work): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is your work schedule? \_\_\_\_\_

Do you live in a house or apartment \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

Landlord's name & phone: (required) \_\_\_\_\_

Do you currently own a pet? \_\_\_\_\_ What kind? \_\_\_\_\_

Are your current pets spayed/neutered? \_\_\_\_\_ Are your pet's shots current? \_\_\_\_\_

Who is your veterinarian (name & phone)? \_\_\_\_\_

Are there children in the household? \_\_\_\_\_ If yes, what are their ages? \_\_\_\_\_

How were you referred to the Humane Society? \_\_\_\_\_

Do you have a completely enclosed, separate indoor area for the animal(s)? Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a completely fenced in yard? \_\_\_\_\_

What type/breeds of animals would you be interested in fostering?

Kittens  Cats with kittens  Pregnant cats

Bottle feeding or extra care of kittens / puppies

Puppies  Dogs with puppies  Pregnant dogs

Reptiles / Rodents/ Birds

Have you had any animal care/training experience? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered at this or other humane societies? \_\_\_\_\_ If yes, please give name and phone

number of the facility and a brief description of what you do/did there.

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**A little more about you!**

1. What do you feel are some of your greatest strengths? \_\_\_\_\_

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2. Were you ever or are you now actively involved with any other non-profit, community or religious organizations (if yes, please list organizations)? \_\_\_\_\_

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3. Have you ever been convicted of a crime (if yes, please explain)? \_\_\_\_\_

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4. **Have you ever or are you currently involved with the breeding of animals? \_\_\_\_\_ Please explain your feelings on the breeding pets (please explain).** \_\_\_\_\_

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5. Do you have any specific skills or training pertaining to the care of pets (i.e. obedience instructor, grooming, veterinarian, etc)? \_\_\_\_\_

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6. Do you understand that the Sioux Falls Area Humane Society is an open admission shelter, that we take in all animals, even those that are aggressive and have major medical issues, and that we do euthanize pets? Please explain your feelings regarding euthanasia. \_\_\_\_\_

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7. Please tell us about yourself and why you would like to become a Foster Home. \_\_\_\_\_

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8. I understand that as a volunteer for the Sioux Falls Area Humane Society, I will be working with animals with unknown and unpredictable characteristics and dispositions, and will be subjecting myself to various work conditions. I hereby assume the risk of any injury that may result from my volunteer services at the Sioux Falls Area Humane Society. I, intending to be legally bound for myself, my 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 I may have arising out of any injuries or illnesses suffered by myself or my pets incidental to my voluntary services.

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

Parent/Guardian Signature if under 18: \_\_\_\_\_

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

The Sioux Falls Area Humane Society reserves the right to decline any volunteer/foster home application for any reason. This may include, but is not limited to any area where there is a conflict of interest.

Remit to: Sioux Falls Area Humane Society  
Volunteer Coordinator  
3720 E. Benson Road  
Sioux Falls, SD 57104  
605-338-4441  
[www.sfhumanesociety.com](http://www.sfhumanesociety.com)

## SFAHS Foster Care Agreement

Agreement Updated September 2002

I \_\_\_\_\_, agree to foster animal(s) owned by the SFAHS with the following conditions:

1. I agree to foster this animal for the benefit of the animal and not for any personal gain or expectation of ownership. \_\_\_\_\_
2. 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. \_\_\_\_\_
3. I understand there will be no charge to the Humane Society for boarding the animal(s). \_\_\_\_\_
4. I understand that the Humane Society 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. \_\_\_\_\_
5. I understand it is recommended that the animal(s) be isolated from my personal pets and my pets are up-to-date on all vaccinations for their protection. \_\_\_\_\_
6. I understand the Humane Society is not liable for any illness or disease a person or pet may contract from the foster animal(s) in my care. \_\_\_\_\_
7. Should any damages occur against my pet, from the animal(s) which I am providing foster care to, I understand the Humane Society will NOT pay for any veterinary care needed for my pet. \_\_\_\_\_
8. 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 veterinary bills incurred. \_\_\_\_\_
9. While responsible for the care of the animal in a reasonable and loving manner, I am NOT liable for injury or death that may naturally occur to the animal in my care. \_\_\_\_\_
10. If the animal(s) in my care dies, I will return it to the Humane Society for accurate removal from animal inventory, after which the Humane Society will appropriately dispose of the remains. \_\_\_\_\_
11. The Humane Society will provide the animal(s) with the 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 approved by the Humane Society. \_\_\_\_\_
- 12. I UNDERSTAND THE HUMANE SOCIETY MUST BE CONTACTED PRIOR TO ANY VETERINARY CARE.** \_\_\_\_\_
- 13. ANY VETERINARY COSTS NOT APPROVED WILL BE AT MY EXPENSE.** \_\_\_\_\_
- 14. ANY & ALL EMERGENCY VETERINARY VISITS ARE AT MY EXPENSE.** \_\_\_\_\_
15. I understand that if the Humane Society is not able to provide veterinary care to the animal(s) I am fostering, it may be deemed necessary to humanely euthanize the animal(s). I understand the decision is made carefully, in the best interest of the animal, by an appropriate official of the Humane Society. \_\_\_\_\_

16. The Humane Society will provide all necessary materials to foster this/these animal(s) such as: Food, litter, litter box/s & scoop, collar/s and leash/s, toys, blankets, bowls, and kennels. \_\_\_\_\_
17. All material borrowed from the Humane Society must be returned upon completion of fostering. \_\_\_\_\_
18. I agree to inform any individuals who are interested in one or more of the animals I am caring for, to apply in person at the Humane Society. \_\_\_\_\_ The applicant's information will be reviewed thoroughly as any other application would be.
19. The applicant will be responsible for full cost of the adoption. \_\_\_\_\_
20. I agree to immediately return all animals fostered to the Humane Society when requested. \_\_\_\_\_ Puppies and kittens are to visit the shelter at 6 weeks of age for their first set of vaccinations. They are to be RETURNED at 8 weeks of age to be placed in the adoption program. \_\_\_\_\_ Adult animals and other special circumstances will be determined on an individual basis.
21. If the animals are not returned within a reasonable time to the Humane Society when requested, the Humane Officer is empowered to retrieve the animal(s) from the foster home. \_\_\_\_\_
22. Although it is not guaranteed that foster animals will be adopted, the shelter 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. \_\_\_\_\_
23. The Humane Society's 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.
24. If it is determined by either party that the terms of this agreement cannot be fulfilled, the agreement may be terminated unilaterally and without notice. The animal(s) will be immediately returned to the custody and control of the Humane Society. \_\_\_\_\_
25. If I have neglected to initial any item in this contract, symbolizing disagreement, the Humane Society will NOT send the animal(s) out to my care. \_\_\_\_\_

\_\_\_\_\_  
Foster Parent Signature                      Humane Society Signature                      Date

### Foster Animal Vet Care

\* The use of "I" refers to the signing foster home

\*\* The use of SFAHS, is an abbreviation of the Sioux Falls Area Humane Society.

1. If there appears to be a health problem with the animal, I am to call the Volunteer Coordinator, advising signs/symptoms.
2. The Volunteer Coordinator will present the information to the Executive Director, and request approval for an evaluation by a veterinarian.
3. **IF** approved, the Foster Home Coordinator will make the appointment at the clinic specified by the Executive Director.
4. If I take the animal to a different veterinarian, that visit will be at my expense.
5. I understand that the SFAHS may not always approve a vet visit for various reasons. This may depend on symptoms or other factors and will be discussed at the time of the request.
6. The clinic is advised to call the SFAHS after an examination for an explanation of the diagnosis and possible treatments (BEFORE following thru), as well as the cost of the suggested treatments.
7. I understand that the SFAHS is not always able to approve the treatments or prescriptions due to the cost/s.
8. If the SFAHS is unable to approve the treatment, I have the option to carry out the treatment at MY expense.
9. I understand that, if the SFAHS cannot afford treatment, nor can I, the animal I am fostering will be humanely euthanized depending on its health/medical problem. This is certainly NOT the SFAHS first choice. The SFAHS will seek out alternatives – or compare costs with other clinics when possible. As an open admission facility accepting over 8,000 animals yearly, cost is always a consideration.
10. Any emergency vet visits are at my expense. For after hours questions/emergencies please call the Foster Home Coordinator at: \_\_\_\_\_

Foster Home Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please note that if you opt to be a RESCUE foster home, there is an additional agreement/information packet because of the unique circumstance/s of confiscated animals whose case is being pursued in court. Your understanding is very much appreciated.