

Humane Society at Lakewood Ranch 26920 Gopher Hill Road Myakka City, FL 34251

www.hslwr.org

941-361-1071

Foster Parent Application

Personal Information

Name:				
	_ State:			
	Alternate Phone #:			
Drivers License #:				
Date of Birth: Ema	il:			
Employer Information				
Employer:				
Address:				
	_State:			
Job Title:	_Work Phone #:			
How many hours a week do you work?				
House Information				
Do you rent or own your home?				
Is it a House, Apartment, Condo, or Mobile Home?				
Is there an HOA?				
If yes, what is the pet policy?				
Landlord's Name & Phone #:				

Family Information

How many children	live in the home?	Ages:	Ages:		
How many adults liv	ve in the home?				
Is anyone allergic to	dogs or cats?				
Pet Information					
Are there currently	any pets in the home	?			
Name:	Breed:	Age:			
Gender:	Altered?	Rabies License #:			
Dog Friendly?		Cat Friendly?			
Name:	Breed:	Age:			
Gender:	Altered?	Rabies License #:			
Dog Friendly?	Cat Friendly?				
		Age:			
Gender:	Altered?	Rabies License #:			
Dog Friendly?		Cat Friendly?			
Name:	Breed:	Age:			
Gender:	Altered?	Rabies License #:			
		Cat Friendly?			

Their Veterinarian:	Phone #:			
Have you administered oral medication to an animal before?				
Have you administered ear/eye medication to an animal before?				
What are you interested in fostering?	Check all that apply			
Bottle Feeding Kittens				
Bottle Feeding Puppies				
Pregnant/Nursing Mom with Kitte	ens			
Pregnant/Nursing Mom with Pup	pies			
Kittens over 3 weeks old				
Kittens needing socialization				
Puppies over 3 weeks old				
Puppies needing socialization				
Medical Needs (Sick, Awaiting Su	rgery, etc)			
Cats needing a break from the Sh	elter			
Dogs needing a break from the Sh	nelter			
Dogs with behavioral needs				
Cats with behavioral needs				
Hospice Dogs				
Hospice Cats				

By signing below, I hereby certify that I am at least 21 years of age, acknowledge that all animals may be unpredictable and dangerous, including the animal I have agreed to foster, and unconditionally agree to:

- Assume complete and exclusive responsibility for the care and well-being of the animal that I am fostering through HSLWR
- Care for the animal as instructed by HSLWR
- Provide proper food, shelter, care, and love to my HSLWR foster
- Keep cats indoor and transport with a carrier. Keep dogs on a leash or in a fenced yard under constant adult supervision when not inside.
- Administer heartworm and flea preventatives on a monthly basis as provided by HSLWR, unless against veterinary advice
- Administer any prescribed medications/ medicated baths as directed by HSLWR's Veterinarians
- Bring foster pet to facility when needed for recheck exams
- Utilize only approved veterinarians of HSLWR and notify HSLWR's medical services team when veterinary attention is needed or if you have any questions or concerns
- Agree to not seek outside medical treatment for your foster without prior approval from HSLWR. Exceptions may be made by HSLWR for serious medical emergencies
- I will NOT release the foster animal to another person, without the express permission of an authorized representative of HSLWR. I understand and acknowledge that the foster animal remains the legal property of HSLWR and HSLWR has the right to require its return or repossess the animal from me and my home at any time during the foster period for any reason.
- Cooperate with adoption efforts and arrange transport or drop off/pick up of my foster animal to appropriate adoption events and return the foster animal to HSLWR, at the time indicated by HSLWR in this agreement.
- Permit an HSLWR representative to visit my home where the animal will reside.
- Exercise extreme caution and care in getting the foster animal acclimated with its foster home and its inhabitants and keep the foster animal separated from other household animals as instructed by HSLWR.

- To forever indemnify and hold harmless HSLWR, its representatives, members, employees, directors, officers, contractors, agents and assigns, from any and all liability and responsibility for any loss, damage, injury, claim or death to any person, animal, or property caused by the animal or by me, while the animal is in my care. I further relinquish any future claims by me, known or unknown, I may have against HSLWR, its representatives, members, employees, directors, officers, contractors, agents and assigns.
- I further agree that all work I do is on a voluntary basis and for which I do not expect and will not receive any reimbursement or compensation.

I fully understand and voluntarily agree to the above terms and conditions.					
Signature of Foster Parent(s)	 Date				