

**Paws Humane Society**  
**FOSTER CARE APPLICATION**

Shelter Number - 641.228.0262      Email - pawscharlescivity@gmail.com      Website - www.pawscharlescivity.com

**PAWS Representative Complete:**

Paws Animal's Name _____	Species _____	Male/Female (Circle)
Breed _____ Description _____		
Special Needs? _____		
Foster Start Date: _____		Foster Return Date: _____

**Name \_\_\_\_\_ Please List All Adults/Children/Roommates in Household and Ages:**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ (We may do a criminal background check)

Employers of Adults \_\_\_\_\_

Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_ Rent/Own (Circle)

If Rent – Landlord's Name \_\_\_\_\_ Number \_\_\_\_\_

**What type of animal are you willing to foster? (Circle all that Apply)**

Bottle Feed Kittens      Mother with Kittens      Adult Cat      Puppy      Adult Dog  
Special Needs Cat/Dog      Rabbit      Ferret

Why do you want to foster a shelter animal? \_\_\_\_\_

Have you ever adopted a pet from a rescue or shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever surrendered a pet to a rescue or shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

Are there any other animals in the home? (Please list all animals, species, breed, and age)

Up to Date on Vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Does anyone in the home have allergies to animals? Yes \_\_\_\_\_ No \_\_\_\_\_

Is everyone in the home supportive of fostering an animal? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will take care of the animal when you are gone? \_\_\_\_\_

What brand of food do you feed your current pets? \_\_\_\_\_

What type of flea preventative do you use for your current pets? \_\_\_\_\_

## **FOR THOSE FOSTERING DOGS**

- Do you have a fenced in yard? Yes      No      If so, what type and how tall? \_\_\_\_\_
- \_\_\_\_\_
- Where will the dog be kept during the day when gone for work? \_\_\_\_\_
- Do you agree to not tie/chain a dog outside or allow a dog to run loose? Yes      No
- Do you agree to keep a collar and tag for identification purposed on the animal at all times? Yes      No
- Would you be willing to bring your foster dog to weekend adoption events or make the dog available for these types of events? Yes      No
- You must treat all animals in the home for fleas with reputable flea prevention for dogs only (Frontline Plus, Nexgard, Advantage, Revolution) PAWS will provide flea preventative for foster dogs.
- You must notify PAWS Humane Society immediately if any problem arises, health or otherwise.
- You will be responsible for providing food while in your home. We suggest Science Diet, but the choice of which brand is up to you as long as it is a reputable brand (Science Diet, IAMS, Purina)

**Vet bills will be paid for by PAWS Humane Society ONLY if authorized by the manager of PAWS before taking animal to our vet. (Avenue of the Saints Animal Hospital – Charles City/Waverly Office)**

## **FOR THOSE FOSTERING CATS**

- Would you be willing to bring your foster cat to weekend adoption events or make the cat available for these types of events? Yes      No
- You must provide a litter box with cat litter, scooped daily, regularly clean and disinfect this litter box, to maintain a healthy environment with minimal odor.
- You must treat all animals in the home for fleas with reputable flea prevention for cats only. (Frontline Plus, Advantage, Revolution)
- You must notify PAWS Humane Society immediately if any problem arises, health or otherwise.
- You will be responsible for providing food while in your home. We suggest Science Diet, but the choice of which brand is up to you as long as it is a reputable brand (Science Diet, IAMS, Purina)

**Vet bills will be paid for by PAWS Humane Society ONLY if authorized by the manager of PAWS before taking animal to our vet. (Avenue of the Saints Animal Hospital – Charles City/Waverly Office)**

**The foster understands and agrees to the following and indicates their understanding by initialing at the end of each statement.**

- I agree to contact PAWS Humane Society prior to moving and give them the new contact information, or if there is a change in phone numbers, \_\_\_\_\_
- I agree to immediately return any foster animal in my care to PAWS Humane Society at the request of the Shelter Manager at any time and for any reason. \_\_\_\_\_
- I will not transfer my foster animal to any other person at any time. \_\_\_\_\_
- Foster Caregiver will not knowingly be given a dog with a history of any human aggression or animal aggression. \_\_\_\_\_

- If animal displays any type of aggression to people or animals I will contact the Shelter Manager immediately. \_\_\_\_\_
- Foster Caregiver agrees to provide adequate food, water, shelter, and kind treatment for the animal at all times while in the foster program. \_\_\_\_\_
- Foster Caregiver agrees to notify PAWS as to any behavioral health problems of the animal. \_\_\_\_\_
- I take full responsibility for any damage this animal does to my living area, pets, belongings, or myself with the understanding that these things occurred because I did not properly protect my living space, pets, belongings, or myself from this animal. \_\_\_\_\_
- I understand that PAWS provides no guarantee as to the health of my foster animal, and that my foster animal may have significant medical needs, socialization problems, and may not be housebroken. \_\_\_\_\_
- If at any point I can no longer, or do not want to continue to provide care, food, shelter, or veterinary care for my foster animal, I agree to contact PAWS Humane Society and arrange for surrender and return of my foster animal back to the shelter. I understand there may not be room when I call, and may need to wait a few days until arrangements can be made. \_\_\_\_\_
- I also agree to provide the PAWS Humane Society Representative access to my home and property to check on the foster animal at any time that I am in possession of the foster animal. \_\_\_\_\_
- I also agree to keep in contact through email or phone as to the condition and or well-being of the foster animal. \_\_\_\_\_
- Foster Caregiver agrees that accidental animal bites or other injuries to humans and other animals do occur, and agrees to hold harmless and indemnify, and protect PAWS Humane Society, from any claim or suit filed by anyone as a result of such an incident. In addition, PAWS will not be responsible if the animal should damage or destroy property belonging to Foster Caregiver, or shall transfer any disease or internal or external parasites to other animals belonging to Foster Caregiver. \_\_\_\_\_

Foster Caregiver \_\_\_\_\_ Date \_\_\_\_\_

PAWS Representative \_\_\_\_\_ Date \_\_\_\_\_

**Please provide 2 non-relative references to be called upon completion of foster application (Must be a current veterinarian if applicable, others can be coworkers, employers, family friends)**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

How you know them \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

How you know them \_\_\_\_\_