



PETS HAVEN HUMANE ASSOCIATION, INC. FOSTER GUARDIAN APPLICATION

Date: _____

Orphaned Puppy(s) ____ Pregnant Dog ____ Adult Dog ____ Military Dog(s) ____

Foster Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Company Name: _____

Home Phone: () _____ Work Phone: () _____

1) Are you a part of any animal organization? Yes No

If Yes, Which one: _____

2) Why would you like to foster? _____

3) Do you live in a: Condo/Townhouse [] Apt. [] Duplex []
Mobile Home [] House []

4) Do you: Rent/Lease [] Own []

If you rent, is your lease: Yearly [] Monthly []

Name of complex and/or association: _____

Name and phone # of landlord or owner: _____

PET POLICY: _____

How long have you been at this address? _____

5) How many adults reside at this address? _____

Are there children in your home? Yes [] No []

If yes, how many and what are their ages? _____

6) Would there be anyone at home during the day? Yes [] No []
If yes, who? _____

7) Do you have any dogs and/or cats at home now? Yes [] No []
1. Age _____ Breed _____ Sex _____ Licensed: Yes [] No []
2. Age _____ Breed _____ Sex _____ Licensed: Yes [] No []
3. Age _____ Breed _____ Sex _____ Licensed: Yes [] No []
Pet's Name(s): _____
Approximate date and reason of last vet visit: _____

8) Have you had other pets in the past 5 years? Yes [] No []
1. Age _____ Breed _____ Year: _____ Disposition: _____
2. Age _____ Breed _____ Year: _____ Disposition: _____
Pet's Name(s): _____

9) What animal hospital/clinic do you (or did you) use?

10) Where will the foster animal(s) be when no one is home?
Indoors [] Outdoors [] _____

11) Where will the foster animal(s) sleep?
Indoors [] Outdoors [] _____

I, _____, agree that all of the information which I have given above is correct as written and I authorize Pets Haven Humane Association to verify any information.

Date _____ Volunteer Signature _____

Date _____ Parent/Guardian Signature _____

(Parent/Guardian must sign release if volunteer is under the age of 18 and is living at home.)



PETS HAVEN HUMANE ASSOCIATION, INC. FOSTER GUARDIAN AGREEMENT

I agree to the following conditions: (Please initial each)

1. I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies. _____
2. I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill. _____
3. I agree to keep the foster animal indoors unless accompanied outside by myself or unless other plans have been approved through the director of foster care.

4. Should the foster animal become ill while in my care, I agree to call Pets Haven Humane Association, Inc. and take the foster animal to their selected Veterinarian. Any charges that may incur through this veterinarian will be paid for by Pets Haven Humane Association, Inc. Deworming and vaccinations that are required during foster time will be provided by Pets Haven Humane Association, Inc. _____
5. I fully understand that the foster animal is the property of Pets Haven Humane Association, Inc. Any decision made by the director of foster care will be followed by me, regarding the return and/or disposition of the foster animal. _____
6. I agree to return the foster animal(s) as instructed. I agree to make an appointment on the said date. At the appointment time, the director of foster care will make a decision as to the disposition of the foster animal. _____
7. I understand that Pets Haven Humane Association, Inc. is not responsible for any property damage and/or injuries that may occur from the foster animal(s). Any damages and/or injuries will be my sole responsibility. _____
8. Pets Haven Humane Association, Inc. is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my personal animal(s). _____

Signature: _____ Date: _____

Print Name: _____