



P. O. Box 830 • 10040 Victoria Way • Jamestown CA 95327 • 209-984-5489 • Fax 209-984-1259 • www.hsotc.org

PET FOSTERING APPLICATION

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Cellular Telephone: _____

Work Telephone: _____ May we contact you at work? Yes No

Email: _____

Pets currently living in your home (Name, Species, Breed, Age, Inside/Outside)

1. _____ Sterilized? Yes No

2. _____ Sterilized? Yes No

3. _____ Sterilized? Yes No

4. _____ Sterilized? Yes No

5. _____ Sterilized? Yes No

Veterinarian's Name: _____ Telephone: _____

(We will call to verify that your animals are current on all their vaccinations) _____ (initial)

Who will be the primary caretaker of the foster animal? _____

What do you plan to do with the animal when you are not at home? _____

Do you have any children living with you? Yes No

Please list the people who currently live in your home:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Why do you want to foster an HSOTC animal? _____

Have you ever fostered any animals in the past? Yes No

If yes, from where, and how was your experience? _____

Have you ever had or do you now have any concerns with fostering from the HSOTC? Yes No

If yes, what? _____

Do you?: Own Rent Type of Dwelling: House Apartment Townhouse Condominium

Other (specify): _____

Yard Description: House with acreage and fenced yard House with a fenced yard Large Apartment/Condo/
Townhouse with deck and/or fenced yard Other (specify) _____

If you rent, what is the name of your landlord? _____

Landlord's Telephone: _____

(We will call to verify that you are allowed to have pets)

Do any animals in your home have any medical problems? Yes No

If yes, please explain _____

If you have cats, are they? Indoor Outdoor Both

Are you or anyone in your home allergic to any animals? Yes No

Please provide us with two personal references:

Reference #1:

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Reference #2:

Name: _____

Address: _____

Telephone: _____

Relationship: _____

The HSOTC budget does not currently cover animals in foster care. While we are able to offer some supplies and medical care, you will be asked to provide food, litter, and treats for your foster animals. Are you able to provide these supplies? Yes No

Please indicate what animals you are interested in fostering: Cats Kittens Dogs Puppies

Adoption may be delayed up to 72 hours until Tuolumne County Animal Control (TCAC) has obtained the information listed below.

(Please initial each agreement below.)

I authorize the HSOTC to contact and obtain from TCAC information including but not limited to: past contact by TCAC with me at my current or former addresses; and impound, licensing and veterinary history on animals currently or previously owned by me. _____

I authorize the sharing of veterinary medical information regarding my animals between veterinarians and the Humane Society of Tuolumne County and release said veterinarians from any liability for providing this information. _____

Foster Policies and Procedures

- HSOTC services staff is always available when you have questions at 209-984-5489.
- By fostering an animal you are agreeing to take on the physical and financial responsibilities associated with caring for that animal.
- All foster animals must be signed out with the appropriate HSOTC paperwork.
- All animals need to be returned to the HSOTC for scheduled follow-up medical appointments.
- The Director/Shelter Manager must approve all veterinary care.
- All animals must be returned to the HSOTC at the end of the fostering period or if placed, must go through the adoption procedure. There is no guarantee that fostered animals will be adopted.
- Foster animals may have contagious diseases that can infect your pet if exposed. It is very important that all your pets are current on their vaccinations. Contact your veterinarian concerning recommended vaccines for your pets.
- We will expect frequent updates on the condition of your foster pet.

I confirm that I am 18 years or older, I have read the above foster program policies and procedures and that the information supplied on this application is true and correct to the best of my knowledge.

In the event of any claim or asserted liability against the Foster Parent and/or the HSOTC arising from your involvement in the Foster Care Program, the Foster Parent agrees to provide the HSOTC with prompt written notice. Upon notice, the Foster Parent agrees to defend and hold harmless the HSOTC from any loss or liability. In the event the Foster Parent fails to indemnify the HSOTC, the HSOTC has the right to defend or settle any claim on its own behalf and be fully reimbursed by the Foster Parent for all costs and expenses of such defense or settlement.

_____(Initial)

Signed _____ Date _____

HSOTC Staff _____ Date _____

HSOTC Use Only

Initial

Veterinarian Called _____

Landlord Called _____

Cross-checked with Animal Control _____

Home Visit _____

Short-term Fostering _____

Long-term Fostering _____

Other Comments _____

