



Foster Application, Agreement & Release

Our foster care program gives you a chance to help us save lives! Animals that need foster homes include: puppies and kittens under 8 weeks, pregnant or nursing dogs & cats, animals recovering from injuries or surgeries, senior animals and animals with special needs. Fostering one of our rescues gives you a chance to save lives!

Name and Address

* Indicates this is a necessary field.

*Name: _____

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Email Address: _____

*Primary Phone: _____ Secondary Phone: _____

Work Phone: _____ Best Time to Reach You: _____

*Date of Birth: _____

Members of Your Household

*Please list the names, ages and relationship of all adults (18+) in the household:

*Please list the names, ages and relationship of all children in the household:

Does anyone in the household have allergies? If yes, what are they allergic to?

*What pets do you currently own? (Please list the names, ages and size/breed of each pet.)

*Are all current pets up to date on their vaccinations? (Proof of vaccination may be needed.)

*Are all current pets spayed or neutered?

Housing Information

*Is your home a:

- Apartment
- House
- Townhome/Condo

*Do you:

- Rent
- Own

*Do you have proof of residency? (We may ask for this prior to approval)

- Yes
- No

*If you rent, please list the Landlord or Property Manager's contact information:

*How long have you lived here?

*Do you have a fenced in backyard? If so, briefly describe it: (height, material, gates, etc)

Planning for your Foster Animals

*During the day, where will the foster animal be kept?

- Inside – in a crate
- Inside-in a room
- Inside-loose
- Outside – in a crate
- Outside-loose

*At night, where will the foster animal be kept?

- Inside – in a crate
- Inside-in a room
- Inside-loose
- Outside – in a crate
- Outside-loose

*Please let us know which types of animals you are able and willing to foster:

- | | |
|--|--|
| <input type="checkbox"/> Pregnant Dogs | <input type="checkbox"/> Nursing Cats with kittens |
| <input type="checkbox"/> Nursing Dogs with puppies | <input type="checkbox"/> Bottle Feeding Kittens |
| <input type="checkbox"/> Bottle Feeding Puppies | <input type="checkbox"/> Weaned Kittens |
| <input type="checkbox"/> Weaned Puppies | <input type="checkbox"/> Special Needs cats |
| <input type="checkbox"/> Special Needs Dogs | <input type="checkbox"/> Older Cats |
| <input type="checkbox"/> Older Dogs | |
| <input type="checkbox"/> Small Dogs | |
| <input type="checkbox"/> Pregnant Cats | |
| <input type="checkbox"/> Medium Dogs | |
| <input type="checkbox"/> Large Dogs | |
| <input type="checkbox"/> Other (Rabbits, Pigs etc) | |

Please state any other information that may be used for the proper placement of foster animals.
Example: live on base- not allowed specific breeds, not comfortable with certain breeds, etc)

Tell Us a Little More Please!

*How did you hear about our Foster Program?

- | | |
|---|--|
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Website |
| <input type="checkbox"/> Staff at the Shelter | <input type="checkbox"/> Other: _____ |

*Why are you interested in fostering animals for the Humane Society of El Paso?

Availability

*How many hours per day will the foster animal be alone?

- 0-2
- 3-6
- 7-9
- More than 9 hours

*Please let us know how often you travel and indicate whether or not you have any travel plans in the near future:

Personal References

Please list the names of three individuals who are familiar with your ability to care for animals. Please refrain from listing family members.

***You MUST list three references!**

*1.

First Name: _____ Last Name: _____

City: _____ State: _____

Phone #: _____ Email: _____

Relationship with this person? _____

*2.

First Name: _____ Last Name: _____

City: _____ State: _____

Phone #: _____ Email: _____

Relationship with this person? _____

*3.

First Name: _____ Last Name: _____

City: _____ State: _____

Phone #: _____ Email: _____

Relationship with this person? _____

Humane Society of El Paso Foster Care Agreement

I understand that the Humane Society of El Paso cannot guarantee the health or disposition of any foster animal. I understand that the shelter does not have past records for these animals and there are some risks associated with taking in foster animals. I understand the importance of my own animals being fully vaccinated. Family pets will be current on all shots and foster pets will be kept isolated from family pets for a minimum of 7 days for the protection of all animals. I agree to be fully responsible for the safety and health of my foster animal(s). I will provide a safe, loving, and humane environment at all times. I will adhere to all state and local animal laws. I will promptly notify the Humane Society of El Paso of any signs of illness, behavior issues or concerns, an inability to foster, if the pets become lost or if the pet bites someone.

I understand that foster animals cannot be transferred to the custody of another person, shelter, or rescue without prior notification and consent from the Humane Society of El Paso. If for any reason, I cannot continue to care for a foster animal I must notify the Foster Department and allow time for another foster home to be found.

I understand that all animals in the Humane Society of El Paso's foster program are the property of the Humane Society of El Paso and must be returned within 24 hours of request. I agree that I am fostering this animal for the Humane Society of El Paso and do not have any right to ownership over my foster animal. I agree to provide an authorized representative of the Humane Society of El Paso access to my home and property to check on the well-being of my foster animal at any time while I am in possession of my foster pet. I also agree to random home visits to assure that I am maintaining a safe a reliable home environment for the animals the Humane Society is entrusting me to care for.

I agree that I will not foster animals for another rescue group while I am fostering animals for the Humane Society of El Paso.

I agree that accidental animal bites or other injuries to humans and other animals do occur and agree to hold harmless and indemnify and protect the Humane Society of El Paso from any claim or suit filed by someone as a result of such an incident.

In addition, Humane Society of El Paso will not be responsible if an animal should damage or destroy property belonging to Foster Parent or if the animal should transfer any disease, internal or external parasites to other animals and/or people in the Foster Parent's household.

I understand that if I am approved for fostering, this declaration represents a legal contract between me as the foster caregiver and the Humane Society of El Paso. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals I foster for the Humane Society of El Paso.

By signing below, I acknowledge that the information I provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the Humane Society of El Paso Foster Care Program.

*Signature of foster parent

*Date