



FOSTER PARENT APPLICATION

DATE RECEIVED _____
Added to DB: <input type="checkbox"/> Cat <input type="checkbox"/> Dog
<input type="checkbox"/> Attended Volunteer Orientation

Once completed, please scan and e-mail your application to foster@whs4pets.org
 You may also fax or mail to: **Willamette Humane Society Foster Program**
 PO Box 13005, Salem, OR 97309
 Phone: (503) 585-5900, ext. 303 Fax: (503) 585-7906

Thank you for your interest in becoming a volunteer foster parent for Willamette Humane Society! Your time is very valuable, and your commitment gives animals a second chance for adoption. The information you provide will enable us to find the most appropriate foster home for a given animal. Please fill out all spaces completely and as accurately as possible. Be assured that we will not give out your personal information to any persons except those operating the WHS Foster Care Program, and your information will not be available to the public for any reason.

Name _____ 18 or older? YES NO
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email address _____ Preferred Contact: Home Work Mobile Email
 Own home Rent Live with parents Other: _____

If you rent, please provide contact information for your landlord/manager:
 Name _____ Phone _____

Are there children in your home? No Yes → If yes, age of youngest child: _____

What type of animals are you interested in fostering?

_____ Cats	_____ Dogs with behavioral issues
_____ Kittens	_____ Puppies
_____ Litter of kittens with mom	_____ Litter of puppies with mom
_____ Kittens without mom	_____ Puppies without mom
_____ Sick/injured cats	_____ Sick/injured dogs

Limitations on Your Fostering:
 Size _____ Number of animals _____ Duration _____

Do you have experience in any of these areas?

<input type="checkbox"/> Bottle feeding	<input type="checkbox"/> Administering vaccinations	<input type="checkbox"/> Bandage changes	<input type="checkbox"/> Socialization training
<input type="checkbox"/> Injured animal care	<input type="checkbox"/> Giving medications	<input type="checkbox"/> Ear cleaning	<input type="checkbox"/> Obedience training
<input type="checkbox"/> Sick animal care	<input type="checkbox"/> Suture removal	<input type="checkbox"/> Bathing animals	<input type="checkbox"/> Behavioral modification

Other skills: _____

Are you interested in learning any of the above skills if necessary? YES NO

What relevant foster experience do you have? _____

Last updated February 23, 2018
 S:\Foster Care Department\Master Copies\New Foster\Foster Parent Application 2018

Please list all animals you *currently* have

(Please note: If you have many animals of one kind—such as a herd of cattle or a flock of sheep—it is not necessary to list each animal; only indicate how many of each species. However, we do request that all EQUINES be listed separately.)

Type of Animal	Sex	Altered	Age	Lives		Vaccinations	
				(circle all that apply)		current?	
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Who is your veterinarian? _____ Phone _____

Who will be responsible for the care of the animal? _____

Where will the animal(s) be kept during the day? _____ Night? _____

How do you plan to provide for exercise and toilet duties? _____

What type of indoor confinement do you have (bathroom, crate, laundry room, etc.)? _____

How many hours a day will the animals have human companionship? _____

Are you able to provide food and the basic necessities (litter pans, dishes, bedding, etc.) for the foster animals?

YES NO

What supplies would you need help with? _____

I certify that all the information in this application is true and correct to the best of my knowledge. I am at least 18 years of age, and everyone in the household has been involved in the decision to foster. I understand that a home orientation is required before fostering any animal, as is landlord approval for those renting. I further understand that WHS is not responsible for any property or personal damage, wounds inflicted, or illness caused by the foster animal.

Signature _____ Date _____

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P.O. Box 13005

Salem, OR 97309

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Thank you for your interest in becoming a foster parent!

Upon receipt, we will contact you as soon as possible.

WHS Foster Care Agreement Form

Willamette Humane Society (WHS) operates the Foster Care Program for animals that are not immediately adoptable. I understand fully that foster animals are only temporarily in my care and belong exclusively to WHS. I further understand that the purpose of this foster relationship is solely to provide care for the animal.

I understand that when the animal is ready for adoption, I will surrender it to WHS for placement. The Foster & Rescue Manager must approve any decision made regarding the disposition of the animal, and I agree to abide by it. Any and all placements are subject to the same guidelines as all other WHS adoptions. The Foster Parent has the option of adopting foster pets. If I have questions, I will contact the Foster & Rescue Manager.

I agree to adhere to the following guidelines:

- I agree to provide care, food, water, and shelter as instructed by WHS staff.
- I agree to bring the animal in to WHS for vaccinations, medical treatments, and/or spay/neuter surgery at the appointed times.
- The foster animal will be in my custody ONLY unless I contact the WHS Foster Care Program staff to receive authorization for temporary placement in another foster home.
- In the event that I cannot continue to foster the animal currently in my care, or if the animal dies, I will notify the Foster & Rescue Manager and immediately return the animal or its remains to WHS.
- I assume all responsibility for any property damage caused by the animal while in my care.
- I understand that WHS reserves the right to make home visits if WHS staff are concerned about the foster animal's behavior or medical condition while in the foster home.
- I understand that WHS will take every precaution to ensure that any animal I foster is reasonably healthy and that any known health problems will be discussed with me. However, WHS cannot be held responsible or liable for any unforeseen health problem that may develop once the animal is in my care.
- I understand the risk of these known/unknown health problems being transmitted to my own pets and that WHS is not responsible for any necessary medical treatment for my own pets as a result of this transmission of parasites, disease, or infection.
- I understand that all medical treatments for foster animals must be preauthorized and arranged by WHS staff. WHS is not responsible for any unauthorized medical treatment and/or costs incurred by the foster parent for the care of WHS animals.
- I agree to notify the Foster & Rescue Manager immediately if the foster animal's medical condition changes or if the animal is showing warning signs of illness.
- I understand that if any health problem is deemed by the WHS staff to be untreatable, or if the treatment is cost prohibitive, I will return the animal to WHS as soon as possible.

I hereby agree to hold harmless Willamette Humane Society, its employees, and its Board of Directors from any and all liability arising out of or in consequence of injury sustained as a result of any activity connected with volunteering for Willamette Humane Society as a foster parent.

Volunteer Name (printed) _____

Volunteer Signature _____

Date _____