

5 NORTH Q STREET - PENSACOLA, FLORIDA 32507 Ph. (850) 432-4250 - foster@pensacolahumane.org Tuesday-Saturday 12-5, Sunday 1-4, Closed Monday

Foster Application

Thank you for your interest in becoming a foster volunteer with the Penscola Humane Society. The information on this form will help us determine your suitability for volunteering with our foster program. Please print or type yourresponses clearly as incomplete or illegible applications will not be considered. Submit completed applications to foster@pensacolahumane.org.

Personal Information

Name		Dat	Date of Birth		
Address					Apt.
City			Zip		
Home Phone ()	Work Phone (Work Phone () Cell Phone ()
E-mail Address					
Driver's License Information					
Sate of Issue:			DL Expiratio	n Date:	
Personal Veterinarian					
Veterinarian Name: Veterinarian Phone:					
May we contact your veterinarian as a	reference?				
Are the records in your name? If no: What name is on the records?					
How did you hear about the foster pro	ogram?				
Why do you want to become a foster p	parent?				
Personal Experience and Inter	rest				
Do you have prior animal experience? If yes, please describe:					
Do you have prior foster experience? If yes, please describe:					
What type of animals would you like t	o foster? (circle all that apply))			
Bottle-feed puppies Med	lical needs dogs	Mother	cats w/infants	Non bot	ttle-feed puppies
Bottle-feed kittens Med	dical needs cats	Behavio	ral needs cats	Non bot	ttle-feed kittens
Mother dogs with infants Beh	avioral needs dogs	Animals	on stray hold	Other: _	

How many foster animals do you feel comfortable caring for at a time? _

Household Information

All current pets in household:

Home Type (please circle): Home - Condo - Apartment - Duplex - Mobile Home - Townhouse - Farm - Dorm - Other Do you rent? ______Landlord/Complex name & number: ______Do you plan on moving in the next year? ______ How long have you lived at your current address? ______Do you plan on moving in the next year? ______ Would you **object** to an inspection of your home and a background check? _______ Do you have a fully fenced in yard? _______How tall? _______ Kind of fence is it? Chain-link - Privacy - Picket - Invisible - Farm fence - Other My foster pet would spend most of its time: Inside free roam - Inside crated - Inside a room - Outside free roam - Outside fenced - Outside chain/tethered - Other My foster needs to be good with (circle all that apply): Children under 8-years - Children over 8-years - Dogs - Farm animals - Poultry - Visitors - Cats - Indoor Exotics Elderly - Just me - My household - Rabbits - Ferrets - Other

All other adults and/or children living in the home (use back if neccessary):

NAME	AGE	RELATIONSHIP

				Spayed			
Name	Breed/Species	Age	Gender	Neutered	UTD shots	Kept	Time owned
			MF	Yes No	Yes No	Inside Outside	
			MF	Yes No	Yes No	Inside Outside	
			MF	Yes No	Yes No	Inside Outside	
			MF	Yes No	Yes No	Inside Outside	
			MF	Yes No	Yes No	Inside Outside	
			MF	Yes No	Yes No	Inside Outside	

If you own any unaltered pets, please describe the reason for not having your pet altered:

Are your pets up to date on flea and/or heartworm prevention? What kind? ______



Training

Are you aware of your county's animal ordinances? (leash laws, animal in locked vehicles, etc)	Are	you aware of	your county's anii	nal ordinances?	' (leash laws,	animal in I	ocked vehicles, e	etc)
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Do you have basic obedience training knowledge?

If yes, where did you get the knowledge? ______

Are you available to work with behavior problems?

If yes, please circle which ones:

House-training -	Rough play	- Fear -	Animal aggression	- People aggression	- Jumping up	- Destructive chewing
Separation anxiety	/ - Resource	guarding	- Other			

How do you house-train an animal?_____

When is it appropriate to physically discipline an animal? ______

Do you plan to use any of the following as part of training your foster? (circle all that apply)

Chain collar - Shock collar - Vibration collar - Beep collar - Treats - Prong/pinch collar - Behavior modification Yelling - Swat with newspaper - Smack on butt/nose - Spanking - Crate - Professional trainer - Praise - E-collar Other _____

Medical

Have you cared for sick or injured animals before?

Have you administered medication to anmals before?

What kind of medications? (circle all that apply)

Pills - Oral fluids - Topicals - Baths/dips - Sub-Q - Other

If you own other animals, are you able to separate your foster(s) from your resident animal(s)?______

Are you able to take an animal that is not able to receive vaccinations? (i.e. stray hold, medical)

Are you able to take an animal that may be contagious? (i.e. URI, ringworm, etc)

Infant

Have you ever bottle-raised an animal before? What	nat type of animal?
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How many did you care for at a time? _____ Did they survive? _____

What are the steps to feeding a newborn kitten or puppy? _____

Is the infant able to go with you to work/school?

If no, how will the infant be fed on schedule?

Agreement

 Food for the animal(s) is my responsibility. PHS will help as able but this is not guaranteed.
 I will contact PHS immediately if my foster(s) becomes ill, lost, or stolen.
 If I take my foster(s) to the Veterinary Emergency Referral Clinic or any other veterinarian without PHS approval, I understand the cost of the visit will be my responsibility. If a foster in my care does require veterinary care, I will contact PHS employees using the contact list in the foster manual.
 I understand that if I relinquish custody of my foster animal(s) to any entity other than PHS, I will be liable to PHS for liquidated damages in the amount of \$200.
 All information provided on this form is true and correct, including but not limited to personal information.
 I understand that PHS recommends keeping fosters separate from my animals. If I choose to have them mingle PHS cannot be held liable for any injuries or health concerns to my animals resulting from this decision.
 I understand that animals placed in my care need to be kept separate from animals outside of my household.
 I give my consent to PHS to provide my name, voice, and/or photograph, or that of any animal I care for, to the media in

connection with advertising, programming, or operational activities for PHS.

I understand that a home check by authorized personnel of the Humane Society of Pensacola, INC (henceforth referred to as PHS) may be required before this foster application is approved. I also understand that PHS provides medication and veterinary care as needed.

I understand that all other supplies are to be provided by me, such as food, bedding, litter, etc. If any animal is my care dies I will notify PHS immediately and provide any documentation requested.

I understand, if my application is approved, any animal(s) placed in my care on a foster basis remain the property of PHS and must be returned to PHS within 24 hours if so requested by an authorized representative of PHS.

I understand that the handling of animals may place me in a hazardous situation and could result in personal injury to myself or my property. On behalf of myself, my hears, personal representatives and assigns, I hereby release discharge, indemnify, and hold harmless PHS and its directors, officers, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my fostering activities.

I further understand my fostering of a specific animal in no way influences who is ultimately selected or permitted to adopt the animal. I understand that the animal will be placed up for adoption and will go through the normal adoption process, and there are no "holds" on animals prior to or after their eligibility for adoption.

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of PHS.

Signature:	Date:
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OFFICE USE ONLY

Application APPROVED by: _____ Date: _____

Application REJECTED by: _____ Date: _____ Due to: