



Pulaski County Humane Society



FOSTER APPLICATION

Note: all applicants must be 18 years of age or older

Date _____

Applicant Name _____

Street Address _____ Apt # _____ City _____ State _____ Zip _____

Driver's License # _____ State of Issue _____ Birthdate __/__/__

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Applicant's Occupation/Place of Employment _____

Do you live in a HOUSE APARTMENT TOWNHOME MOBILE HOME or OTHER: _____?

Do you RENT or OWN?

If you rent, we will need to contact your landlord or management company.

Please provide their name and telephone number _____

How many adults live in your household? _____ How many children? _____ How old are the children? _____

Does everyone support your participation in the foster program? _____

Is anyone in your household allergic to, or afraid of, dogs or cats? _____

If yes, please explain: _____

Please describe the area of your household where the foster animal(s) would be kept:

Do you have a fenced yard? If so, what type of fence? _____

If you foster a cat or kitten, will you be willing and able to keep it indoors at all times?

How long would the animal(s) be left alone each day? _____

Do you have a car at all times? Would you be able to transport the animal(s) to a veterinarian?

Do you currently have pets in your household? If yes, please list the species, number, and ages _____

Who is your regular veterinarian? _____ Phone number _____

Are all pets up to date on vaccinations? Are all pets spayed and neutered?

If no, please explain _____

If you have cats, have they been tested for Feline AIDS (FIV) and Leukemia (FeLV)?

What were the results of both tests? _____ Have they been vaccinated against these diseases?

If you have ever had a pet die at an early age or due to an accident, please explain:

Do you have an area where foster animals could be isolated from your own animals if necessary?

Please briefly explain why you would like to foster animals for the Pulaski County Humane Society:

When would you be able to start fostering? _____

Are there any restrictions on how long you can foster? _____

Are you currently fostering for another organization? If yes, which organization? _____

Please indicate which types of animals you would be willing to foster:

- Dogs
- Cats
- Nursing mothers with babies
- Orphaned babies
- Young animals
- Adult animals
- Elderly animals
- Animals with minor injuries
- Animals with illnesses which may require medication and/or quarantine
- Animals that need socialization
- Other: _____

Please tell us about any present or previous volunteer experience:

Do you have any experience with animal care that might be useful for your work as a foster volunteer?

Have you had any first aid training? If yes, please describe _____

In your opinion, what physical symptoms and/or behaviors would warrant immediate medical attention?

Would you be willing to adopt your foster animal if no permanent home can be found? YES NO

Are you willing to take the foster animal to vet appointments made by PCHS? YES NO

Are you willing and able to administer medications should the animal require them? YES NO

If your foster animal was ill or injured, and the veterinarian and PCHS concluded that it needed to be put to sleep, would you be supportive of our decision? YES NO

Are you prepared for the financial commitment required to be a foster? YES NO

Please list two references (mandatory for consideration – do not list anyone related to you)

1.	_____	_____	_____	_____
	Name	Relationship	Organization	Contact Info
2.	_____	_____	_____	_____
	Name	Relationship	Organization	Contact Info

ACKNOWLEDGEMENT:

1. I wish to volunteer and provide a foster home for the Pulaski County Humane Society.
2. I fully understand that whenever my volunteer work involves contact of any kind with animals, there is a risk that I may be scratched, bitten, or may come into contact with a diseased animal, and I accept this risk and will not hold the Pulaski County Humane Society or any of its representatives responsible in any way for any injury or illness that I or other members of my family/household may incur.
3. In consideration for the opportunity to perform volunteer work for the Pulaski County Humane Society, I agree to fully release the Pulaski County Humane Society and its officers, volunteers, or agents, from any and all liability for any damage or injury, whether arising from this contact or a breach thereof or from any act of negligence or gross negligence by the Pulaski County Humane Society, its officers, volunteers or agents.
4. I understand that all Pulaski County Humane Society information given to me and all information that I will be privy to in the course of my volunteer work is of a confidential nature, and I agree that I will not disclose such information to any individual or group.
5. I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures, and policies of the Pulaski County Humane Society.
6. I understand that I will be required to sign a Foster Agreement for each foster animal placed in my care.
7. I have read this agreement, and I fully understand and agree to abide by its terms.
8. I acknowledge that the above information is correct to the best of my knowledge and that I am 18 years or older.

APPLICANT SIGNATURE _____ DATE _____

Please bring your completed application to our office at the shelter or send it to pchsva@gmail.com

ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE