



Foster Care Application

Name: _____ Date: _____

Address: _____

Phone Number _____ E-mail _____

Living Accommodations (Please Circle One)

Rent Own Other: _____

If Renting Please provide Landlord's Name and Number _____

Does your landlord allow pets? **Y** **N**

Do you have a fenced yard? **Y** **N**

Describe where the foster animal(s) would stay: _____

Do you have children? **Y** **N**

If yes, what are their ages? _____

Do you have any other pets? **Y** **N**

If yes, how many? _____

Breed(s): _____

Sex(es): _____

Age(s): _____

Are your pets spayed/neutered? **Y** **N**

Can you keep them separated? **Y** **N**

Do you or anyone in your household have animal allergies?

Y **N**

If yes, how would you cope? _____



Have you ever fostered a homeless pet before?

Y N

If yes, with what organization? _____

***Please note that while fostering for QHS, we request you do not foster animals from any other organization.**

How many hours a day would you be away from home: _____

What kind of pets would you like to foster? **(Please circle)**

Dogs: Pregnant/nursing
Orphaned puppies
Sick/injured adult dog
Sick/injured puppy
Behavioural/training issues
Any

Cats: Pregnant/nursing
Orphaned kittens
Sick/injured adult cat
Sick/injured kittens
Any

Small Animals

Birds

Reptiles

Do you have any experience training animals? _____

Do you have an experience giving animals medication (pills, eye drops, etc.)?:

Can you be available on short notice? Y N

When are you able to start fostering? _____

Short term (**8 weeks or less**) _____ Long term (**greater than 8 weeks**) _____



Fostering Agreement for the Quinte Humane Society

The Quinte Humane Society:

1. Retains all rights and ownership of any animal in the Foster Program. The QHS has the right to recall any fostered animal to the shelter at any time.
2. Does not require prior notice for the repossession of an animal, when a foster volunteer fails to bring the animal back to the QHS as requested.
3. Makes all decisions regarding animals to be placed in foster.
4. Prioritizes placements of QHS animals to foster volunteers based on the needs of the animals, the volunteer's experience and ability.
5. Is not liable for any injury, illness or damage to persons or property, including to owned animals, while an animal is in the foster home.
6. May visit a foster home at any time, providing that the foster volunteer is given prior notice.
7. Provides food and cat litter for foster animals to foster volunteers. The QHS is not responsible for any other foster expenses not agreed upon in advance.

Quinte Humane Society Foster Volunteers:

1. Agree that only they will provide care for QHS foster animals in their possession and understand that QHS foster animals must not be left under anyone else's care, without authorization from the QHS.
2. Agree that they may not travel with their foster animal nor take their foster animal anywhere that has not been approved by an authorized QHS employee.
3. Agree to have their owned animals **spayed or neutered** and be up-to-date on vaccines before bringing a QHS foster animal into their home. Canine vaccines include: DHLPP (Distemper, Hepatitis, Leptospirosis, Parvo, Parainfluenza) Bordetella (kennel cough) and rabies. Feline vaccines include: FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia) and rabies.
Proof from Vet is required
4. Agree to isolate QHS foster animals from existing pets in the household.
5. Agree to keep QHS foster dogs on-leash, at all times, when in public. They also agree that dogs with kennel cough must be kept away from other dogs when in public.



- 6. Agree to contact the QHS for all foster animal care needs and questions and will adhere to the emergency protocols provided in the foster manual.
- 7. Agree to return QHS foster animals, as soon as they are well and/or upon request by the QHS.
- 8. Agree to direct all adoption inquiries about their foster animals to QHS.

Please note: failure to adhere to the agreed upon conditions may result in removal from this program.

I, the undersigned, understand and agree to the above terms and conditions of the foster program.

Foster Volunteer Signature

Print Name

Date signed



Waiver of Liability for Foster Parent Volunteers

The undersigned acknowledges that he or she will be performing certain volunteer services for the **Quinte Humane Society**. The undersigned further acknowledges that certain risks may be associated with such volunteer services.

In consideration of being permitted to perform such volunteer services for the **Quinte Humane Society**, the undersigned voluntarily and knowingly executes this waiver with the express intention of waiving any and all rights or causes of action involving, without limitation, bodily injury, infection or property damage to the undersigned while the undersigned is engaged directly or indirectly, in such volunteer services, whether caused by the negligence of the **Quinte Humane Society** or its officers, directors, agents or employees.

Further the undersigned shall indemnify, defend and hold harmless the **Quinte Humane Society** and its agents, officers and employees, jointly or individually, for bodily injury or property damage as a result of the undersigned's services contemplated herein.

Signature of Volunteer

Signature of Volunteer's Parent/Guardian
(If under 18 years of age)

Date

Date

Protection of Confidentiality

I _____ have been made aware of the confidential nature of information concerning animals, donors, personal and other types of Quinte Humane Society information.

I have been made aware that confidential information may come to my knowledge through casual conversation or perusal of printed material.

I agree to exercise all reasonable care and caution in protecting confidential information.

I also understand that any and all confidential information which may come to my knowledge shall not be released, spoken by me to any other person(s) without signed authorization from the Quinte Humane Society manager.

I understand that violation of these or any other rules and/or conditions to volunteering could be met with dismissal.

Signature of Volunteer

Date



References

Veterinary: Name/Clinic _____

Address: _____

Number: _____

Please provide the Names and Phone Numbers of two (2) Personal References

Name: _____

Phone: _____

Name: _____

Phone: _____