

Foster Care Application

Date_____

Name_____

Address_____City_____Zip_____

HomePhone_____WorkPhone_____

What type(s) of animals are you interested in fostering? (Species and breed or type)

List all animals you currently live with. Include species, sex, and whether spayed or neutered.

Briefly describe how these animals are housed.

What ages and conditions (medical care, behavior problem) would you NOT be willing to foster?

Please list the human members of your household and their ages.

How many hours per day would a foster animal be WITHOUT an adult caregiver?

Briefly describe the experience and skills that you feel will make you a good foster parent.

Describe the facilities for keeping foster animals, including how you would separate them from your own animals (Escondido Humane Society staff will visit your home prior to your approval)

Do you feel emotionally capable of “letting go” of an animal you have cared for, regardless of the out come?

The Escondido Humane Society feels that its foster animals are best served if everyone in the household agrees with having a foster animal in their home. Therefore:

Does your whole family agree to the presence of a foster animal in your household?

Yes No

Please have your family sign:

I agree to the presence of a foster animal in my household:

Spouse's signature (if applicable) _____

Date_____

Other Family Member's Names and Signatures

Name

Signature

Please read the following carefully:

The Escondido Humane Society will determine the criteria for fostering, decide which animals will be fostered, and appoint foster parents from a pre-approved list. Approved foster parent volunteers may always refuse any specific request due to timing or other reasons. The Escondido Humane Society staff will inform you of any medical treatments to be given, the expected length of the foster-care period, the objective of the care (restoring to health, rearing to adoptable age, socializing, etc.), and any other expectations we have. You will be expected to keep the animal secure, return it to the Escondido Humane Society when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption.

The Escondido Humane Society must euthanize some animals. It is possible that qualified Escondido Humane Society staff may euthanize an animal you have cared for if it becomes incurably ill or exhibits behavioral problems making the animals unsuitable for permanent adoption. It is important that you understand that possibility.

The Escondido Humane Society retains ownership of all animals in foster care, and will make all decisions regarding the adoption or euthanasia of the animals fostered. The Escondido Humane Society's staff will handle all adoptions.

I have read and understand the statements above. Further, I understand that although the Escondido Humane Society takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior, or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which the Escondido Humane Society has asked me to provide care. I acknowledge that the Escondido Humane Society is not responsible for any property damage or personal injury suffered by me, members of my household, or any third parties during a foster care placement, and I assume all liability to provide adequate controls to prevent such damage or injury.

Signature

Print Name

Date

For staff use only:

Staff initials: _____

Approved: ___Yes ___No Date of Interview: _____

Comments: _____

Foster Care Agreement

This agreement is made between the Escondido Humane Society and

_____ (herein after call “The Foster Care Parent”)

The parties agree that:

- a. The Foster Care Parent shall provide the foster animal(s) with good care and grooming, clean and secure shelter, and access to food and water.
- b. When requested by EHS, foster animals(s) will be kept apart from Foster Care Parent’s companion animal(s).
- c. The Foster Care Parent will also administer medication when recommended by the Staff Veterinarian.
- d. The animals(s) shall remain the sole property of the Escondido Humane Society.
- e. The animal(s) shall be returned to the Escondido Humane Society upon request by Escondido Humane Society, or if the Foster Care Parent is no longer able to adequately care for the animal(s).
- f. The Foster Care Parent will notify the Escondido Humane Society in the event any change occurs in the above listed address or telephone number of the Foster Care Parent.
- g. Agents of the Escondido Humane Society will be allowed to inspect the premises in which the animal(s) will be maintained for the purpose of determining the suitability of those premises for the care and maintenance of the animal(s) for the duration of this agreement.
- h. The Foster Care Parent understands and acknowledges that s/he does not have any right or authority to keep the foster animal(s) or to place foster animal(s) in other homes or places with other individuals unless permission is given in writing by the Escondido Humane Society foster program personnel.
- i. All foster animals must be returned to the Escondido Humane Society, alive or deceased.
- j. The Foster Care Parent agrees to bear the cost of the animal’s needs, while in their charge. However, as the Escondido Humane Society receives donations of food, and supplies and other necessities earmarked for the Foster Care Program, they will provide them to the Foster Care Parent at the discretion of the foster program personnel.
- k. Routine veterinary care such as, vaccinations and check-ups will be provided solely by the Escondido Humane Society veterinary staff.

- l. Foster animal(s) are never to be treated by the Foster Parents own veterinarian. Any animal requiring veterinary care should be returned to the shelter immediately.
- m. Expenses resulting from unauthorized emergency care of a foster animal will be the responsibility of the Foster Care Parent. Escondido Humane Society will not reimburse any expenses the Foster Care Parent incurs.
- n. The Foster Care Parent will contact one of the Foster Program personnel before returning the animal(s) to the shelter.
- o. When requested by EHS, the Foster Care Parent agrees to isolate foster animal(s) from any other resident pets to prevent any injuries or transmission of disease.
- p. The Foster Care Parent and its agents, heirs, and associates, agree to defend, indemnify and hold the Escondido Humane Society, from any direct or remote and consequential damages arising out of this foster care arrangement.
- q. All foster placements are subject to approval and are at the sole discretion of foster program personnel.

Executed this _____ **day of** _____, **20**_____

Signed: _____

Print: _____

RELEASE OF ALL CLAIMS - INDIVIDUAL

State of California County of _____

The undersigned, _____ (Name), of
_____ (Address), here

referred to as Releasor, being of lawful age, does hereby release, acquit and forever discharge Releasee (Escondido Humane Society) each of its predecessors, parent corporations, holding companies, subsidiaries, affiliates, divisions, heirs, successors and assigns, and all of their officers, directors and employees from all actions, claims, demands, damages, obligations, liabilities, controversies and executions, of any kind or nature whatsoever, whether known or unknown, whether suspected or not, which have arisen, or may have arisen, or shall arise by reason from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way resulting or to result from their participation in the in-home volunteer foster care of an animal from the Escondido Humane Society.

Releasor declares and represents that in making this release and agreement; it is understood and agreed that:

(1) Releasor relies wholly upon Releasor's own judgment, belief and knowledge of the nature, extent and duration of such injuries; and

(2) Releasor has not been influenced to any extent whatever in making this release by any representations or statements regarding such injuries, or regarding any other matters, made by the person(s), firm(s) or corporation(s) who are hereby released, or by any person or persons representing such person(s), firm(s) or corporation(s), or by any such person(s), firm(s) or corporation(s).

It is the intention of the undersigned in signing this release to bind _____ (Himself or herself), _____ (Name of spouse), and _____ (His or her) heirs, executors, administrators and assigns. This release is for the benefit of Releasee and Releasee's agents, successors, heirs, executors, administrators, assigns, and all others who may

be liable to Releasor for damage to person or property arising out of any incident that may be caused by any foster animal. This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release voluntarily as my own free act with full knowledge of its significance, intending to be legally bound thereby.

Signed at _____ (Designate place of execution).

Signature

Date

Print Name

Rental Agreement for Foster Parents

This agreement is necessary for any potential Foster Parent who rents their residence from a landlord or third party.

This Pet Agreement is entered into this _____ day of _____, 20____, by and between

_____ (Landlord), and

_____ (Resident(s)),

residing in the Premises located at: _____

In consideration of their mutual promises, Landlord and Residents agree as follows:

The Lease covering the Premises provides that no pets are permitted on or about the Premises without Landlord's prior written consent. Residents are hereby permitted to have only the following described pet, subject to the terms and conditions of this Pet Agreement:

Name of Pet: _____ Type of animal: _____

Breed: _____ Color: _____

Age: _____ Weight: _____ License #: _____

Date of last rabies shot: _____ City of license: _____

Name of Foster Parent: _____

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Landlord: _____ Date: _____