

Foster Care Application
Morgan County Humane Society
(765) 349-9177 690 W. Mitchell Ave. Martinsville, IN 46151

Thank you for your interest in the Morgan County Humane Society's Foster Program!

Please print your responses clearly.

Last Name _____ First Name _____ MI _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____
Date of Birth _____

Emergency Contact _____ Relation _____
Contact Phone _____ Alt. Phone _____

Where do you currently live?

House Apartment Condo Mobile Home Other (please specify) _____

Do you own or rent? Own Rent

If renting, please attach landlord's approval to Foster animals for the Humane Society.

How many adults are in your household?

How many children and what ages?

Is everyone in your household familiar with the proper handling of animals? Yes No

Is anyone in your household allergic to animals? Yes No

If yes, what kinds? _____

Do you currently have pets? Yes No

If yes, list species, breed, and sex:

Are all of your pets current on all of their vaccinations? Yes No

Must provide copies of vaccination records for each animal in your household.

Are all of your pets spayed/ neutered? Yes No

If no, which ones and why? _____

Must show proof of spay/ neuter for each altered animal.

Please indicate the types of Foster Care circumstances are you interested in:

Y= Yes N= No M= Maybe

Pregnant Animal:	___ Cat	___ Dog
Litter with Mom:	___ Cat	___ Dog
Orphaned Infants (needing to be bottle fed):	___ Cat	___ Dog
Orphaned Juveniles (eating on their own):	___ Cat	___ Dog
Abused/ Neglected Animal:	___ Cat	___ Dog
Severely Emaciated (skinny) Animal:	___ Cat	___ Dog
Animal needing socialization/ training:	___ Cat	___ Dog
Animal with non- threatening illness/ injury:	___ Cat	___ Dog
Local Emergency Animal Care:	___ Cat	___ Dog
	___ Bird	___ Reptile
	Other _____	

(Local Emergency Animal Care is when/ if someone was to have an emergency, fall ill, or any other scenario in which a person would not be able to be home for a couple days, they will notify us so we can partner them with a volunteer in the local area to come and care for their animals while they are away.)

Have you ever raised, handled, cared for, or have any special training for the types of animals that you have indicated above? Please describe;

Have you fostered animals for any other organization? Yes No

Have you had a dog, cat, puppy, or kitten die in/ at your household from an infectious disease (parvo, leukemia, distemper, etc) within the last 6 months? Yes No

Excluding traffic violations, have you ever been convicted of any criminal offence? Yes No

If yes, what was/were the charge(s) _____

What was the outcome? _____

How did you hear about the Morgan County Humane Society's Foster Program?

I confirm that all the information supplied on this profile is true and correct. I understand that MCHS is not responsible for any property or personal damage, wound inflicted or illness caused by foster animal(s) in my care.

Signature _____

Date _____

Please read and initial each section

To be a foster parent you must be at least eighteen (18) years of age, have a consent of all household members and the permission of your landlord (if applicable). You must be willing to commit the time and the energy to these animals needed to keep them safe and provide them with proper care.

_____ Initials

Food and Feeding

The staff at MCHS will provide you with all of the food necessary to properly care for your foster animal(s). It is your responsibility to let MCHS know when you are running low on food so that we can provide you with more before you run completely out in case there has to be a food switch do to a lack of consistent food brands. New food will need to be blended with old food slowly in order to avoid upset stomach.

_____ Initials

Health and Veterinary Care

When you take a foster pet home, you will be responsible for the animal's food, water, shelter, exercise and sanitation until it is ready for adoption. It will be completely dependent on you for its health and well-being.

We can make no guarantees regarding the animal's health. We will not knowingly foster out any animals that are sick without first informing you of its symptoms and treatment requirements.

Appointments for medical care need to be made by MCHS staff and need to be approved by the Director of Operations. Fosters **will** be responsible for any non-approved veterinary expenses.

_____ Initials

Concerns about Your Own Pets

If you have pets of your own, it is advisable to keep them away from the foster pet, as we do not know how healthy the foster pet is or what the temperament will be like towards another animal. It is required that your pets are current **all** vaccinations. After handling the foster pet, it is a good idea to carefully wash your hands to avoid contamination of your own pet.

_____ Initials

Dealing with Children

Again, we do not guarantee that this animal is good with children of any age. Fostering will not be allowed unless the children in your household have previously visited the future foster animal. We urge you to take all sensible precautions to prevent illness or injury to both children and animals.

_____ Initials

Facilitating Adoption

MCHS shall, in its sole discretion, make any decisions about the placement or adoptions of the animal(s). Foster is not entitled to adopt the animal(s) merely because of the foster care provided to the animal(s). Any opinions of Foster concerning the adoption of the animal(s) shall be considered by MCHS as a recommendation only. Please do not post the animal in your care on any websites or newspapers to get them adopted.

_____ Initials

Length of Stay

The Foster Coordinator will inform you as to the appropriate length of time the animal will be in foster care. Foster will be responsible for bringing the animal(s) into MCHS for vaccinations, weight checks, and other related medical issues. It is always helpful to include behavior patterns including likes and dislikes of the animal(s) or any useful observations you have made to help future adopters.

_____ Initials

Driver's License