

Foster Care Application & Agreement

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

Full Name: _____ Preferred Name: _____

Street Address: _____ Apt#: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Do You Own or Rent? **Own** **Rent** Landlord Name & Phone: _____

Emergency Contact Name: _____ Relationship: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Do you understand that foster dogs should not be left outside unattended, even in a fenced yard? **Yes** **No**

Do you understand that children and other pets should not be left unsupervised around your foster pet? **Yes** **No**

Do you understand that foster cats should never be allowed outside? **Yes** **No**

Do you feel emotionally prepared to let go of your foster animal, regardless of its outcome? **Yes** **No**

(Some animals may be deemed unadoptable due to health or behavior issues and may be euthanized or pass away.)

Do you understand that you must bring your foster pet back to MCHS immediately upon request? **Yes** **No**

Do you currently foster or have you previously fostered animals from other Shelters/Rescues? **Yes** **No**

If Yes, please list them:

Do you have experience handling and interacting with dogs and cats? **Yes** **No**

Do you have any experience training or working with animals exhibiting behavior issues? **Yes** **No**

If Yes, please describe:

Type of Animals You Are Interested in Fostering. Please Check All That Apply:

**(This could mean emaciated, neglected, or any other illness. Does NOT necessarily mean contagious illness)*

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Mom Dogs with Litters | <input type="checkbox"/> Adult Dogs | <input type="checkbox"/> Orphaned/Bottle Fed Puppies |
| <input type="checkbox"/> Kittens | <input type="checkbox"/> Mom Cats with Litters | <input type="checkbox"/> Adult Cats | <input type="checkbox"/> Orphaned/Bottle Fed Kittens |
| <input type="checkbox"/> Sick/Injured Dogs* | <input type="checkbox"/> Sick/Injured Cats* | <input type="checkbox"/> Pocket Pets | <input type="checkbox"/> Dogs Requiring Training |

Do you have experience bottle feeding puppies or kittens? Yes No

Do you have experience giving subcutaneous fluids? Yes No

Will you be able to bring your foster pet to MCHS for routine vaccinations and/or to the Veterinarian? Yes No

Please list **ALL CURRENT PETS** with the following information: (Name, Species, Age, Spayed/Neutered, Vaccination Status)

Do your pets get along well with other animals? Yes No Sometimes

If Sometimes, please explain:

Will you be able to keep your foster pet separate from you other pets, if necessary? Yes No

Are there any children in the home or that visit often? Yes No

If Yes, please list how many children and their ages:

Where do you plan to house your foster pet? Indoors Outdoors Garage/Barn Room In House

If you chose Outdoors or Garage/Barn, please explain your setup below:

Where will your foster pet stay at night or while you're away from home?

Crate Room in House Fenced Yard/Kennel Free Roam in House Garage/Barn

Why are you interested in fostering for Morgan County Humane Society?

I want to adopt a specific pet I want to make a difference in a pets life I want to help as many pets as possible

Other: _____

How did you hear about Morgan County Humane Society's Foster Program? From a Friend Online At MCHS

Are you currently a volunteer with Morgan County Humane Society? Yes No

We Ask That Our Foster Families Agree to The Following (Initial On The Provided Line):

_____ I understand that I will be expected to take my foster animal to/from vet appointments if necessary and to provide the foster animal(s) with the proper care while in my home— food, water, shelter, and love.

_____ I understand that any animal(s) I foster is/are the property of Morgan County Humane Society and I agree to turn it/them over to Morgan County Humane Society immediately upon request, regardless of the animal(s) outcome.

_____ I agree to administer medication to a foster animal(s) ONLY at the recommendations of Morgan County Humane Society's staff and/or Morgan County Humane Society's approved Veterinarian. I agree that ANY medication I am given by Morgan County Humane Society is ONLY to be given to my foster animal(s). I understand that I must never give this medication away for free or for a fee, nor may I give it to another animal.

_____ I understand that puppies and kittens are not fully vaccinated until a certain age, and until then they are more susceptible to diseases and illness. Therefore, I agree to keep them separated from my pets and only on my property until vaccinated appropriately.

_____ I understand that adoption outcomes will be at the discretion of Morgan County Humane Society staff.

_____ I understand and agree that Morgan Humane Society is not responsible for any medical treatment cost, for me or anyone else, that may incur as a result of caring for a foster animal. I understand and agree that Morgan County Humane Society is not responsible for any medical treatment cost, to my own or others animals, that may incur as a result of caring for a foster animal. I understand that the possibility of a foster animal(s) fighting, injuring, and spreading disease or illness to my own pets does exist. I agree that I will keep my own pets up to date on all vaccinations and away from my foster animal(s) during feeding times, and when unsupervised.

_____ I understand that I am not authorized to seek veterinary care for any foster animal(s) in my care without prior approval. I agree that if I choose to have the animal seen and treated without prior approval from Morgan County Humane Society that I am liable for all costs. I understand that only Morgan County Humane Society can make veterinary appointments for my foster animal(s), and that only the staff at Morgan County Humane Society will make decisions on treatment for my foster animal(s).

_____ I understand that my involvement with Morgan County Humane Society's foster program may be terminated at any time at the discretion of Morgan County Humane Society staff. I agree to offer my time and services to Morgan County Humane Society purely on a volunteer basis without any expectation of payment compensation or benefit of any kind.

By signing below, I agree to adhere to all rules, terms, and guidelines in accordance with Morgan County Humane Society's foster program. I certify that I have received and agree to read the information given to me in my foster folder and to remain in contact with the foster coordinator on a regular basis.

Signature _____ Date _____