

**Redmond Humane Society**  
**Foster Program Caregiver Application**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Do you own or rent place of residence? \_\_\_\_\_ If rent, landlord's name and phone number: \_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE CHECK THE ANIMALS YOU ARE WILLING AND QUALIFIED TO FOSTER**

This list is in order of most need

- Orphaned kittens ~ bottle fed every 3-4 hours for first 3-4 weeks
- Weaned kittens ~ eating wet or dry food on own
- Nursing cat with kittens
- Feral cat or kittens ~ require socialization
- Sick or injured cat or kitten needing medication or special care
- Sick or injured dog or puppy needing medication or special care
- Orphaned puppies ~ bottle fed every 3-4 hours for first 3-4 weeks
- Weaned puppies ~ eating wet or dry food on their own
- Nursing dog with puppies
- Ferrets-rats-mice-hamsters-guinea pigs     Birds     Livestock

**CHECK THE CAREGIVING TASKS YOU ARE ABLE TO DO:**

- Pill medication
- Subcutaneous fluids
- Injections
- Bottle feeding
- Liquid medication
- Tube feeding
- Taking Temperature
- Checking for dehydration

ARE YOU WILLING TO ATTEND A TRAINING MEETING IN THE SPRING?

Animals in Household	Age	Spayed or Neutered?	Current Vaccines?

Children in Household	Age

H.S.C.O. foster animals (excepting livestock) must be housed in a house or a warm fenced kennel. Foster animals must be kept separate from other animals in household for ten days. Windows must have screens. Your own animals must have current vaccinations. Your signature hereon signifies that you will comply with these criteria. Describe the area in which you will house your foster animals: \_\_\_\_\_

Describe experience you have had caring for infant, orphaned, sick or injured animals \_\_\_\_\_

You will be contacted by the Foster Program Coordinator shortly after receipt of this application. Best time to call: \_\_\_\_\_

I hereby certify that the above information is true and that any falsification will be grounds for denial. I understand the Foster Program requirements and agree to abide by them. I acknowledge that this application will remain the property of the Humane Society of Central Oregon.

**SIGN AGREEMENT AND RELEASE  
ON OTHER SIDE**

**MAIL TO:**  
R.S.H. Foster Program  
P.O. Box 1404  
Redmond, Oregon 97756

**For more information: 923-0882**

\_\_\_\_\_  
Caregiver's signature

\_\_\_\_\_  
Caregiver's drivers license number

## Redmond Humane Society Foster Caregiver Agreement and Release

The Redmond Humane Society (hereafter referred to as R.H.S.) operates the Foster Program for animals that are not immediately adoptable. I understand fully that animals are temporarily in my care and belong exclusively to the R.H.S. I fully understand that the purpose of this foster relationship is solely to provide temporary care for these animals.

I understand that when the animals are ready to be available for adoption, I will surrender them to the R.H.S. for placement. The Foster Program coordinator or a R.H.S. supervisor must approve any decisions made regarding the disposition of these animals and I agree to abide by these decisions. Any and all placements are subject to the same guidelines as all other R.H.S. adoptions. The Foster Caregiver has the option of adopting foster animals. If I have any questions, I will contact the Foster Program Coordinator.

I agree to adhere to the following guidelines:

I agree to provide care, food, water and shelter as directed by the R.H.S.

I agree to take animals to the R.H.S. shelter or a veterinarian for medical treatment, vaccinations and spay/neuter surgery as instructed by the Foster Program Coordinator or an R.H.S. supervisor.

Foster animals will be in my custody ONLY unless I contact the Foster Program Coordinator to receive authorization for temporary placement in another foster home. I agree not to foster animals for any other organization at the same time I am fostering animals for R.S.H.

In the event that I cannot continue to foster animals currently in my care, or animal dies, I will notify the Foster Program Coordinator immediately.

I assume all responsibility for property damage caused by the animals while in my care.

I understand R.H.S. will take every precaution to ensure that the animals I foster are in good health or that any known problems are discussed with me. However, R.H.S. cannot be held responsible or liable for any unforeseen health problems that may develop once the animal is in my care. I understand the risk of these known and unknown health problems being transmitted to my own pets and R.H.S. is not responsible for any medical treatment for my own pets as a result of such illness.

I understand that all medical treatment for foster animals must be pre-authorized and arranged for by the Foster Program Coordinator or an R.H.S. supervisor. R.H.S. is not responsible for the cost of any unauthorized medical treatment or any cost incurred by the foster caregiver for the care of R.H.S. animals.

I agree to notify the Foster Program Coordinator immediately if a foster animal's medical condition changes in any way or if an animal is showing warning signs of severe illness.

24 hour emergency care is not available to R.H.S. The cost of any veterinary care not approved by the Foster Program Coordinator or an R.H.S. supervisor will be the responsibility of the foster caregiver.

I understand that if any health problem is deemed by R.H.S. to be untreatable or if treatment is cost-prohibitive as determined by an R.H.S. supervisor, I agree to return animals to the R.H.S. shelter as soon as possible.

I hereby agree to accept a position as an R.H.S. Foster Caregiver and in so doing, I agree to comply with all rules and regulations which may be established from time to time by R.H.S. I understand that failure to do so may result in my immediate termination.

I acknowledge that my services are provided strictly on a volunteer basis, without any compensation and without liability on behalf of the R.H.S. All services are performed by me at my own risk.

I understand that public relations is an important part of volunteering for R.H.S. On behalf of myself, my heirs, personal representatives and executors, I allow the R.H.S. to use any photographs taken of me and/or my family for use in public relations efforts.

I recognize that in handling animals there exists a risk of injury including physical harm caused by animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Redmond Humane Society, its agents, servants, volunteers and employees from any and all claims, causes of action or demands of any nature, including costs and attorney's fees incurred by the Redmond Humane Society in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my service to the Redmond Humane Society, including but not limited to animal bites, accidents, injuries, property damage or veterinary fees.

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

\_\_\_\_\_  
Signature of Witness