

Humane Society of Redmond
Foster Program Caregiver Application

Name _____ Date ____/____/____ Birth Date ____/____/____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone - Home _____ Cell _____ Email _____

Occupation _____ Employer _____

May We Call at Your Workplace? No Yes Phone _____ Extension _____

Do you own or rent your home? Own Rent If rent please provide the landowner's name and phone number.

Name _____ Phone _____

<p style="text-align: center;">INDICATE BELOW WHAT ANIMALS YOU ARE WILLING AND QUALIFIED TO FOSTER</p> <p><input type="checkbox"/> Nursing Cat with Kittens</p> <p><input type="checkbox"/> Orphan Kittens (eating wet or dry food on own)</p> <p><input type="checkbox"/> Orphan Kittens (bottle fed every 2 to 4 hours for the first 3 to 4 wks)</p> <p><input type="checkbox"/> Feral Cat or Kittens (require socialization)</p> <p><input type="checkbox"/> Sick or Injured Cat or Kitten Needing Medication or Special Care</p> <p><input type="checkbox"/> Dog</p> <p><input type="checkbox"/> Nursing Dog with Puppies</p> <p><input type="checkbox"/> Orphan Puppies (bottle fed every 2 to 4 hours for the first 3 to 4 wks)</p> <p><input type="checkbox"/> Orphan Puppies (eating wet or dry food on own)</p> <p><input type="checkbox"/> Sick or Injured Dog or Puppies Needing Medication or Special Care</p> <p><input type="checkbox"/> Rodents (Ferrets, Mice, Rats) <input type="checkbox"/> Birds <input type="checkbox"/> Livestock</p> <p style="text-align: center;">INDICATE FROM THE FOLLOWING CAREGIVING TASKS YOU ARE ABLE TO DO</p> <p><input type="checkbox"/> Liquid Medication <input type="checkbox"/> Pill Medication <input type="checkbox"/> Injections</p> <p><input type="checkbox"/> Taking Temperature <input type="checkbox"/> Subcutaneous Fluids</p> <p><input type="checkbox"/> Bottle Feeding <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Checking for Dehydration</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Children in Household</th> <th colspan="2" style="text-align: center;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <th style="text-align: center;">Animals in Household</th> <th style="text-align: center;">Age</th> <th style="text-align: center;">Spayed or Neutered ?</th> <th style="text-align: center;">Current Vaccines ?</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Children in Household		Age																										Animals in Household	Age	Spayed or Neutered ?	Current Vaccines ?																												
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Humane Society of Redmond foster animals (except livestock) must be housed inside a house or a warm enclosure such as a garage or kennel. Foster animals must be kept separate from other animals for 10 days. Windows must be screened. Your own pets must have current vaccinations. Your signature is your agreement to comply with these criteria.

Describe the area in which you will foster animals _____

You will be contacted by the HSR after receipt of this application.
When is the 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 HSR Foster Program requirements and agree to abide by them. I acknowledge that this application will remain the property of the Humane Society of Redmond.

**SIGN AGREEMENT AND
RELEASE ON NEXT PAGE**

MAIL TO:
Humane Society of Redmond Foster Program
POB 1404
Redmond, OR 97756

Applicant Signature

FOR MORE INFORMATION
CALL: 541-923-0882

Applicant Driver's License Number

Humane Society of Redmond
FOSTER CAREGIVER AGREEMENT AND RELEASE

The Humane Society of Redmond, hereafter referred to as HSR, operates the Foster Program for animals that are not immediately adoptable. I 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 HSR for placement. The Foster Program Coordinator or an HSR 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 HSR 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 HSR

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

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

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

I understand that the HSR 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, the HSR cannot be held responsible or liable for any unforeseen health problems that may develop once animals are in my care. I understand that there is risk of known and unknown health problems and that these problems may be transmitted to my own pets. I further understand that the HSR is not responsible for any medical treatment for my own pets as a result of such transmission.

I understand that all medical treatment for foster animals must be pre-authorized and arranged for by the Foster Program Coordinator or an HSR supervisor. The HSR is not responsible for the cost of any unauthorized medical treatment or any cost incurred by the Foster Caregiver for the care of HSR 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 signs of severe illness.

24 hour emergency care is not available to the HSR. The cost of any veterinary care not approved by the Foster Program Coordinator or an HSR supervisor will be the responsibility of the Foster Caregiver.

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

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

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

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

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 Humane Society of Redmond, 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 Humane Society of Redmond in connection with same, based on damages or injuries which may be incurred or sustained by me in any way connected with my service to the Humane Society of Redmond, including but not limited to animal bites, accidents, injuries, property damage or veterinary fees.

Signature
Foster Caregiver

Date

Signature
Humane Society of Redmond Representative