

Benton-Franklin Humane Society Foster Care Application

Date: _____ Name: _____ Age: _____

Street Address: _____ City/State/Zip: _____

Home Telephone Number: _____ Cellular Telephone Number: _____

Work Telephone Number: _____

Do you own your home? Yes No

If you rent, may we contact your landlord? Yes No

Landlord's Name: _____ Landlord's Telephone Number: _____

Are you interested in fostering (circle all that apply): Kittens Cats Puppies Dogs

Are you willing to bottle feed (and you understand that this requires feeding every 3 to 4 hours)?
Yes No

If so, have you bottle fed kittens/puppies before? Yes No

If so, how many animals were you feeding and at what age did you begin feeding?

Did all of the animals survive and thrive?

If not, how many and for what reason?

Are you willing to foster a mother with a litter? Yes No

If so, which species (circle all that apply): Canine Feline

Where would you plan to keep the mother and her litter? (detailed description of housing, please)

Please list the species, gender and age and spay/neuter status of all pets currently residing in your home:

Are all of your pets' vaccinations up-to-date? Yes No

Where are each of your pets housed on a daily basis?

Do you have a fully fenced yard? Yes No

If so, how tall is the fence and of what materials is it constructed?

Please list any additional applicable information/questions as desired:

Please see the following page for the Benton-Franklin Humane Society Foster Care Program Terms & Conditions

Benton-Franklin Humane Society Foster Care Program Terms and Conditions

- I understand that the animal(s) will at all times remain the sole property of the Benton-Franklin Humane Society.
- I agree to provide the animal(s) good loving care, including at a minimum: adequate feed, adequate water, adequate shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species and weight, adequate exercise and follow Benton-Franklin Humane Society regulations on transportation and veterinary care when needed to prevent suffering or disease transmission.
- I understand that medicines and other supplies provided by the Benton-Franklin Humane Society are for use with foster care animals only, and are not to be administered to animals that are not the property of the Benton-Franklin Humane Society.
- I understand that all veterinary care must be authorized in advance by the Benton-Franklin Humane Society. I agree to personally incur the cost for any treatment that has not been so authorized.
- I understand and acknowledge that I do not have any right or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals.
- I agree to transport each animal that I provide foster care for to the Benton-Franklin Humane Society at the age of 6 weeks for vaccinations and other medical care at the date and time specified by the appropriate staff member at the Benton-Franklin Humane Society.
- I agree that every animal I provide foster care for must be physically returned to the Benton-Franklin Humane Society by the date set forth or at any time upon the request of the Benton-Franklin Humane Society. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
- I agree to provide the appropriate staff members at the Benton-Franklin Humane Society with the necessary information and materials at any time (such as fecal samples or temperature/weight measurements) to enhance the care that I am providing to the foster animal(s).
- I agree to hold the Benton-Franklin Humane Society harmless from any direct or consequential damages arising out of this foster care arrangement.
- I acknowledge that the Benton-Franklin Humane Society may terminate this or any other foster care arrangement at any time in its sole discretion.
- I certify that no person residing in the household where the animals will be fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment.
- In the case of an after-hours emergency I agree to contact either Michelle Lang or Audrey Zoesch (applicable phone numbers will be released at the time that foster applicant receives animal(s)).

Signature of foster care provider

Date