



HUMANE SOCIETY  
CENTRAL ARIZONA

DATE: \_\_\_\_\_

# FOSTER APPLICATION Caretaker Information Sheet

This information will help us to maximize your interests and abilities in fostering.

## CARETAKER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Email: \_\_\_\_\_  
(your email address will not be used for anything except foster care contact)

What type of animal(s) would you like to foster? (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mother Dog w/Puppies   | <input type="checkbox"/> Mother Cat w/Kittens   | <input type="checkbox"/> Special Needs Animals |
| <input type="checkbox"/> Bottle-fed Puppies     | <input type="checkbox"/> Bottle-fed Kittens     | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Underage Puppies       | <input type="checkbox"/> Underage Kittens       |  |
| <input type="checkbox"/> Injured Dog or Puppies | <input type="checkbox"/> Injured Cat or Kittens |  |
| <input type="checkbox"/> Unsocial Dogs          | <input type="checkbox"/> Unsocial Cats          |  |

## HOUSEHOLD INFORMATION

Do you rent or own your home/condo: \_\_\_\_\_ If you rent, what are the terms of your lease regarding animals? \_\_\_\_\_

Landlord/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[If you rent or reside in another person's home, your landlord/homeowner must be contacted prior to fostering an animal. A copy of your lease or written permission to bring foster animals into the residence must be presented at the time of orientation/interview]

How many household members do you have? (please list number and ages of children who live with or visit you frequently) \_\_\_\_\_

Do you have a fenced yard? (circle one)    Yes    No    If yes, what type & how high: \_\_\_\_\_

Please describe the area where the foster animal(s) will be kept: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list below any pets currently residing in your household:

Breed	Gender	Age	Spayed or Neutered

Are your pets current on their vaccinations? (circle one):    YES    NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: Foster animals must be kept in a separate area from your household pets. Please explain how you intend to do this: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# FOSTER AGREEMENT

## A HOME VISIT WILL BE REQUIRED BY A DESIGNATED EMPLOYEE OF HSCAZ PRIOR TO ANY ANIMAL BEING PLACED INTO A FOSTER HOME.

I, \_\_\_\_\_, wish to serve as a foster care provider for animals in need at the Humane Society of Central Arizona (hereafter referred to as HSCAZ) and agree to the following:

1. I will provide the HSCAZ with information about my preferences for receiving foster care animals, which may include specifying the species, ages, sexes, spay/neuter status, temperament and/or other preferences to assure that I am comfortable with fostering a specific animal or animals.
2. I understand that the HSCAZ may, at its sole discretion, determine which animals I may foster at any given time.
3. I agree to learn as much as possible about an animal before agreeing to foster it, including the reason it was surrendered or otherwise arrived at the shelter, as well as any specific issues with temperament or medical conditions. I will only agree to foster an animal if I can provide this animal with the appropriate amount of care, time, emotional and physical support it requires during the foster period.
4. If I am unable to care for the animal for the duration of the designated foster care period, I will immediately return it to the HSCAZ.
5. If for any reason, the HSCAZ requests the immediate return of the animal to the shelter, I agree to make arrangements to bring the animal back to the shelter within 24 hours.
6. If the animal(s) should need medical care while in my custody, I will notify the HSCAZ for instructions on where I should take the animal, except in an emergency.
7. If I wish to obtain veterinary, behavioral, grooming or other services elsewhere, I must first obtain permission from the HSCAZ and I will be fully responsible for all costs.
8. I understand that HSCAZ will supply food for the foster animal(s) during the time that they are in my care and agree to use the food supplied unless I have been given permission by the animal care supervisor to use a different brand.
9. I will not allow any other person, organization or entity to take custody of any foster animal in my care, including temporary boarding, without the advance consent of the HSCAZ.
10. I will provide proof of current vaccinations to HSCAZ and will isolate the foster animal from any of my own pets in my home for a minimum of 14 days.
11. I understand that all foster animals in my care remain the exclusive property of the HSCAZ and that the HSCAZ retains the exclusive right to temporarily place, adopt out or otherwise require the return of the animal to the HSCAZ shelter at any time.
12. I understand that, in spite of the best efforts of the HSCAZ, animals may be unpredictable and I release and hold harmless the HSCAZ and all agents, officers, employees and volunteers for any injuries or damages that may arise as a result of providing foster care for these animals.

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Foster's Signature