



FOSTER APPLICATION

We are thrilled you are considering Fostering! In order to apply you must:

- Be at least 18 years of age
- Provide a copy of your identification and proof of residence
- Have consent of the entire household and landlord
- Provide proof of your pets being current on vaccinations and spay/neuter
- Provide photos of the areas of your home where the foster pet will be able to access
- Live in Kansas, within 30 to 45 minutes of the shelter and be willing to bring your foster in for necessary appointments
- Agree to all terms and conditions and follow guidelines provided for you

Name First: _____ Last: _____

Driver's License#: _____ DOB: ____/____/____

Address: _____ City _____

State _____ Zip _____

Phone #: _____ Email: _____

Gender: MALE FEMALE

I live in a: **Single-Family Home** **Apartment** **Townhouse/Condo**

Other: _____

Do you own or rent your home?

OWN **RENT** **Live at a relative's/friend's home**

If you rent, have you spoken with your landlord about fostering? **YES** **NO**

Please provide name and phone for your landlord:

Name: _____ Phone: _____

How many adults and children live in your home?

Adults _____ **Children & Ages:** _____

Does anyone in your home have allergies to dogs/cats? **YES** **NO**

Who will be primarily responsible for caring for this foster pet? _____

I am willing to foster: (CIRCLE ALL THAT APPLY)

DOG CAT PUPPY KITTEN LITTER OF PUPPIES LITTER OF KITTENS
MOM/PUPPIES MOM/KITTENS PREGNANT DOG PREGNANT CAT

I am willing to foster animals with medical conditions? **YES NO**

Circle all that apply if any:

KENNEL COUGH DEMODECTIC MANGE SARCOPTIC MANGE

RINGWORM UPPER RESPIRATORY HEARTWORM (POST TREATMENT)

FeLV/FIV POST SURGICAL RECOVERY

Do you have a way to isolate your foster if needed? **YES NO**

How Many pets are currently in your home? _____

Name_____	Breed_____	Vaccinated_____	Spay/Neutered_____
Name_____	Breed_____	Vaccinated_____	Spay/Neutered_____
Name_____	Breed_____	Vaccinated_____	Spay/Neutered_____
Name_____	Breed_____	Vaccinated_____	Spay/Neutered_____
Name_____	Breed_____	Vaccinated_____	Spay/Neutered_____
Name_____	Breed_____	Vaccinated_____	Spay/Neutered_____

Veterinarian's name and contact information: _____

What vaccinations have your pets received and dates? _____

(Please provide copies of vaccination records on your current pets)

If the foster becomes ill do you agree to contact us immediately? _____

Daily, your foster will need to be alone and where... (Circle one per row)

LESS THAN 8 HRS 8 TO 10 HOURS MORE THAN 10 HOURS
CONFINED TO A ROOM IN A CRATE LOOSE IN THE HOUSE YARD

How would you describe your lifestyle?

LAIDBACK MODERATELY ACTIVE VERY ACTIVE

Where will your foster sleep at night or be while you are not at home?

CRATE ROOM OTHER_____

Puppies and kittens may need to be seen every two weeks and other fosters as needed. **Are you able to bring your fosters to SEKHS with at least 24 hours notice for any appointments?** (medical, visiting potential adopters...) **YES NO**

If fostering a dog/puppy how will you exercise your Foster?
(Leash walks, fenced in yard....)_____

I certify the above is true and that false information may result in nullifying this agreement. By signing this document you are giving the SEK Humane Society the right to contact all persons (veterinarian, landlord, ...etc) to certify that this information is up to date and accurate. I understand that SEK Humane Society reserves the right to approve or deny my foster application based on the suitability of my home and the pet I am wanting to foster. I understand that a home visits may need to be performed and I consent to such. I realize that the pet I take home may have been exposed to illness or disease and that some of those illnesses may be contagious to my personal pets. Some conditions may also be transmissible to people (Ringworm, Sarcoptic Mange...). SEK Humane Society will make every attempt to insure that any potential illnesses are disclosed to me; but it is possible a pet may be incubating an illness and that symptoms may not show until my foster is already in my home and by signing this contract I am accepting this risk. **I understand that any medical or behavioral concerns must be brought to the attention of SEK Humane Society immediately for evaluation and treatment.** I will be given specific instructions or contact information if my foster needs seen. If I seek independent veterinary care or behavioral modification I understand that **I am liable for that cost** and I must notify SEK Humane Society immediately. I understand that I have no legal rights to the pet I am fostering. **The foster pet is property of the SEK Humane Society.** My signature below indicates that I understand all the conditions and terms of this contract. I give my permission for SEK humane society staff to visit my premises to check on the welfare of the foster pet, and if I am found to be in violation of any parts of my contract, or SEK Humane Society determines my residence is no longer suitable for the foster pet for any reason, I will immediately release the foster pet back to SEK humane society staff.

FOSTERS SIGNATURE: _____ DATE:____/____/____



RULES AND SAFETY INSTRUCTIONS FOR FOSTERS

Please initial each item after reading. You will be provided with a copy of this agreement.

1. I will not allow my foster to have contact with any animal that does not live in my home and is not already approved by SEK Humane Society _____
2. If I am fostering puppies or kittens I will limit contact from visitors for the health of the pet _____
3. I realize that puppies and kittens under vaccinating age are at risk of diseases and I will not take them out in public or allow them to have contact with any unapproved outside areas _____
4. If I notice any significant changes in my fosters health or behavior I will inform the staff at SEK Humane Society immediately _____
5. I will provide my foster with clean fresh water and food daily _____
6. I will report any accidents, injuries or death to SEK Humane Society immediately so they can asses the situation _____
7. If I feel the situation is emergent I will call first Girard Animal Hospital at 620-724-8054 for instructions and then report the situation to staff at SEK Humane Society _____
8. I understand that SEK Humane Society provides all medical care for my foster _____
9. I agree to bring my foster pet to SEK Humane Society with at least 24 hours notice for appointments _____
10. I will keep my foster pet in my control and on my property _____
11. If my foster pet should escape I will report it to the staff at SEK Humane Society immediately _____
12. I understand that I may be asked to return my foster pet to SEK Humane Society for any reason _____