

# FOSTER PARENT APPLICATION

Once completed, please deliver or mail the application to  
 WHS, PO Box 13005, Salem, OR 97305  
 Phone: 503-585-5900 x334 Fax: 503-585-7906

*Thank you for your interest in becoming a volunteer foster for the WHS! Your time is very valuable and your commitment gives animals a second chance for adoption. The information you provide will enable us to find the most appropriate foster home for a given animal. Please fill out all spaces completely and as accurately as possible. Be assured that will not give out your personal information to any persons except those operating the WHS foster program and you information will not be available to the public for any reason.*

Name \_\_\_\_\_ 18 or older?  YES  NO

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ Preferred Contact:  Home  Work  Mobile  Email

Own home  Rent  Live with parents  Other: \_\_\_\_\_

If you rent, please provide contact information for your landlord/manager:

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

Are their children in your home?  No  Yes → If yes, age of youngest child: \_\_\_\_\_

What types of animal(s) are you interested in foster? (please check all that apply)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Cats                       | <input type="checkbox"/> Dogs                       | <input type="checkbox"/> Rabbits     |
| <input type="checkbox"/> Kittens                    | <input type="checkbox"/> Puppies                    | <input type="checkbox"/> Guinea Pigs |
| <input type="checkbox"/> Litter of kittens with mom | <input type="checkbox"/> Litter of puppies with mom | <input type="checkbox"/> Rodents     |
| <input type="checkbox"/> Kittens without mom        | <input type="checkbox"/> Puppies without mom        | <input type="checkbox"/> Livestock   |
| <input type="checkbox"/> Sick/injured felines       | <input type="checkbox"/> Sick/injured canines       | <input type="checkbox"/> Birds       |
| <input type="checkbox"/> Other: _____               |   |                                      |

Limitations:

Size \_\_\_\_\_ Number of animals \_\_\_\_\_ Duration \_\_\_\_\_

Do you have experience in any of these areas?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bottle feeding      | <input type="checkbox"/> Administering vaccinations | <input type="checkbox"/> Bandage changes |
| <input type="checkbox"/> Injured animal care | <input type="checkbox"/> Giving medications         | <input type="checkbox"/> Ear cleaning    |
| <input type="checkbox"/> Sick animal care    | <input type="checkbox"/> Suture removal             | <input type="checkbox"/> Bathing animals |
| <input type="checkbox"/> Other skills: _____ |   |  |

Are you interest in learning any of the above skills if necessary?  YES  NO

**Please list all animals you currently have**

(Please note: If you have many animals of one kind—such as a herd of cattle or a flock of sheep—it is not necessary to list each animal; only indicate how many of each species. However, we do request that all EQUINES be listed separately.)

Type of Animal	Sex		Altered		Age	Lives <small>(circle all the apply)</small>		Vaccinations current?	
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No
	M	F	Yes	No		Indoors	Outdoors	Yes	No

Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

Who will be responsible for the care of the animal? \_\_\_\_\_

Where will the animal(s) be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

How do you plan to provide for exercise and toilet duties? \_\_\_\_\_

What type of indoor confinement do you have (bathroom, crate, laundry room, etc.)? \_\_\_\_\_

How many hours a day will the animals have human companionship? \_\_\_\_\_

Would you be willing to temporarily provide a safe house to an animal whose owner has recently come out of an abusive home?  YES  NO

Are you able to provide food and the basic necessities (litter pans, dishes, bedding, etc.) for the foster animals?  YES  NO

What supplies would you need help with? \_\_\_\_\_

*I certify that all the information in this application is true and correct to the best of my knowledge. I am at least 18 years of age and everyone in the household has been involved in the decision to foster. I understand that a home orientation is required before fostering any animal, as is landlord approval for those renting. I further understand that the WHS is not responsible for any property or personal damage, wounds inflicted, or illness caused by the foster animal(s).*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed application to: WHS, Attn: Foster Program, PO Box 13005, Salem OR 97309.** Upon receipt, an WHS foster care representative will contact you within two weeks to set-up a home orientation.

***Thank you for your interest in becoming a foster parent!  
When you become a foster parent, you are giving a second chance to animals  
who otherwise might not get them.***

## **WHS Foster Care Agreement Form**

The Willamette Humane Society (WHS) operates the Foster Care Program for animals that are not immediately adoptable. I understand fully that the animal(s) are just temporarily in my care and belong exclusively to the HSWV. I further understand that the purpose of this foster relationship is solely to provide care for the animal(s).

I understand that when the animal(s) is ready for adoption, I will surrender it to WHS for placement. An WHS Supervisor and the Foster Care Coordinator must approve any decision made regarding the disposition of the animal(s), and I agree to abide by it. Any and all placements are subject to the same guidelines as all other WHS adoptions. The Foster Parent has the option of adopting foster pets. If I have questions, I will contact the Foster Care Coordinator (FCC).

I agree to adhere to the following guidelines:

- I agree to provide care, food, water, and shelter as instructed by the WHS staff.
- I agree to bring the animal(s) in to WHS or authorized veterinarian for vaccinations, medical treatments, and/or spay/neuter surgery on the scheduled dates per the animal chart.
- The foster animal will be in my custody ONLY unless I contact the WHS Foster Program staff to receive authorization for temporary placement in another foster home.
- In the event that I cannot continue to foster the animal currently in my care, or if the animal(s) dies, I will notify the FCC and immediately return them to the WHS.
- I assume all responsibility for any property damage cause by the animal(s) while in my care.
- I understand the WHS will take every precaution to ensure that any animal(s) I foster is reasonably healthy and that any known health problems will be discussed with me. However, the WHS cannot be held responsible or liable for any unforeseen health problem(s) that may develop once the animal(s) is in my care.
- I understand the risk of these known/unknown health problems being transmitted to my own pets, and the WHS is not responsible for any necessary medical treatment for my own pets as a result of this transmission of parasites, disease, or infection.
- I understand that all medical treatments for foster animals must be pre-authorized and arranged by WHS staff. The WHS is not responsible for any unauthorized medical treatment and/or costs incurred by the foster parent for the care of WHS animals.
- I agree to notify the WHS immediately if the foster animal's medical condition changes or if the animal(s) is showing warning signs of illness.
- After emergency care is available by calling (503) 580-0533.
- I understand that if any health problem is deemed by the WHS staff to be untreatable, or if the treatment is cost-prohibitive, I will return the animal(s) to the shelter as soon as possible.

I hereby agree to hold harmless the Willamette Humane Society, its employees, and Board of Trustees, from any and all liability arising out of or in consequence of injury sustained as a result of any activity connected with volunteering for the Willamette Humane Society as a Foster Home.

Volunteer Name (printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_