

**Humane Society of Greenwood, SC
Greenwood County Animal Shelter
Foster Application**

Date: _____

Name: _____

Address: _____

Phone (home): _____ Phone (Cell): _____

E-mail: _____

Employer: _____ Title: _____

Are you at least 18 years old?

- ☐ Yes
- ☐ No

Type of housing (house, apartment, mobile home, etc.): _____

If rent property, landlord name/number: _____

Fenced Yard: Yes / No Yard Size: _____ Fence Height: _____

Please list family members and/or roommates: _____

Children? Yes / No Ages: _____

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

- ☐ Single puppy ☐ Litter of puppies ☐ Small adult dog ☐ Medium adult dog ☐ Large adult dog
- ☐ Single kitten ☐ Litter of kittens ☐ Adult cat
- ☐ Special needs ☐ Other: _____

Will there be someone home during the day to care for the pets, and if so, whom? And what is their relationship to you? _____

Where will your foster animal be kept when no one is home? (Must be kept inside at all times unless accompanied by an adult.)

List your pets (List vaccination dates):

*Indicate recommended, but not required

Species	Breed	Gender	Spayed or Neutered?*	Distemper	Rabies	Bordetella*

Vet reference and phone number: _____

It is recommended that foster animals be isolated from other animals living at the home for at least 10 days.
Will this be a problem for you?

What foster roles are you interested in? (Check all that apply):

☐ Foster Coordinator ☐ Adoption Ambassador ☐ Rescue Foster ☐ Medical Foster ☐ Pediatric Foster

All of the information I have provided on this application is true and correct. If any of the information changes, I will advise you promptly. If any information is found to be false, I understand that I forfeit the right to foster or adopt from the Humane Society of Greenwood / Greenwood County Animal Shelter and will relinquish said animal immediately to the Humane Society of Greenwood / Greenwood County Animal Shelter upon request.

Foster Parent's Signature

Date

**Humane Society of Greenwood (HSOG)
Greenwood County Animal Shelter (GCAS)**

Foster Care Agreement

- ☐ I certify that my own pets are currently up to date on his/her distemper and rabies vaccinations.
- ☐ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
- ☐ I agree to keep the foster animal indoors unless accompanied outside with me.
- ☐ If the foster animal becomes ill while in my care, I agree to call the HSOG/GCAS and bring the animal back. If I take the animal to a private veterinarian, any fees incurred will not be reimbursed. Deworming and vaccinations that are required during foster time will be provided by scheduling an appointment with the HSOG/GCAS.
- ☐ I fully understand that the foster animal is the property of the HSOG/GCAS. I will follow directions made by the director of foster care regarding return and/or disposition of the foster animal.
- ☐ I hereby indemnify and hold harmless HSOG/GCAS for any property damage, injury, illness, or casualty, resulting from my participation in the foster program.
- ☐ I understand that I am fostering the animal(s), not adopting the animal(s) and must return the animal and all that I have borrowed from the HSOG/GCAS.
- ☐ I understand that if I wish to adopt the foster animal(s), *and the option to do so is available*, I am subject to the full adoption fee price and process.

Signature: _____ Date: _____

Print: _____ Date: _____

HSOG: _____ Date: _____