

HUMANE SOCIETY OF GREENWOOD, SC FOSTER QUESTIONNAIRE

Name: _____

Address: _____

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

E-mail: _____

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

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

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: _____

How many hours per day is someone home? _____

List your pets (List vaccination dates):

| Species | Breed | Gender | Neutered? | Distemper | Rabies |
|---------|-------|--------|-----------|-----------|--------|
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All of the information I have provided on this questionnaire 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 and will relinquish said animal immediately to the Humane Society of Greenwood upon request.

Foster Parent's Signature

Date

Humane Society of Greenwood Foster Agreement

Thank you for participating in the Humane Society of Greenwood foster program. Once you have read the foster manual, please read and sign below. This is to ensure that you understand what is expected of you as a foster caregiver and what you can expect from the Humane Society of Greenwood foster program. Please return this signed form to the Foster Program Coordinator at:

Humane Society of Greenwood
2820 Airport Road
Greenwood, SC 29649
Email: jeustace@gwdhumanesociety.org

Initial below:

- _____ 1. I agree to abide by all HSOG policies and procedures outlined in the Foster Manual.
- _____ 2. Since my companion animals are susceptible to any illnesses brought into my home by foster animals, my own animals are current on their vaccinations, including Bordetella (for dogs), which is not a routine vaccination.
- _____ 3. I understand that any treatment needed for my own companion animals is my responsibility and I will not be reimbursed.
- _____ 4. A crate, food, litter, toys and necessary medications will be provided to me at no charge by the Humane Society of Greenwood as long as they are available.
- _____ 5. If my foster animal is injured or becomes ill at night or on the weekend when the Shelter is not open, I understand that I need to email the Foster Program Coordinator immediately at jeustace@gwdhumanesociety.org. If I take my foster animal to any other veterinary hospital or clinic without prior authorization, HSOG will not be responsible for the costs incurred.
- _____ 6. If I can no longer keep the foster animal, I must contact the Foster Program Coordinator to make arrangements to return the animal.

Foster Parent Signature

Date

Foster Parent Name (Print)