A close up of a logo

Description automatically generated

**9150 RR 1431 \* Buchanan Dam, TX 78609 \* 512-793-5463 \* FAX 512-793-5203**

**FOSTER APPLICATION**

I understand that:

1. I must be at least 21 years of age.
2. All members of my household must agree to Fostering
3. All my animals must be up to date on all vaccines including rabies and I must show proof.
4. I may need to bring the animal to the shelter for monthly check ups and/or medications
5. I must be available to bring the animal to the shelter for adoption appointments.
6. I may need to transport the animal to Burnet Vet for medical reasons or for an emergency.
7. I may be required to administer medications as needed.
8. I may need to keep this animal separate from my animals if required

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ER Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all family members that will be living with the animal(s):

Name Relationship Birthday(month/day) If under 18, how old?

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Is anyone in your home allergic to animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you wish to foster animals for HCHS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you live in a: House Condo Apartment Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your landlord’s written permission to foster an animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a yard? \_\_\_\_\_\_\_\_\_\_\_\_ Open or Fenced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height of Fence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours of the day are you usually away from home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the animal be kept during the day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Pets:**

Type of Pet Age Sex Altered? Inside/Outside/Both Dog Friendly? Cat Friendly?

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Notes:

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**HCHS Foster Agreement (Please read and initial each box)**

**\_\_\_\_\_** Only the Foster Coordinator, the Shelter Manager or the Animal Care Supervisor may approve and place an animal in Foster. Please notify one of us if anything in your home environment or status changes.

\_\_\_\_\_ You may not transfer the animal to another foster home without HCHS permission.

\_\_\_\_\_ All basic medical expenses will be covered by HCHS.

\_\_\_\_\_ All basic supplies will be provided by HCHS including crates, collars, tags, leashes, food and toys if needed. Upon return of the animal all unused supplies must be returned to HCHS.

\_\_\_\_\_ Fosters are expected to keep animals and animal areas clean for their health and wellbeing.

\_\_\_\_\_ All Foster animals (except kittens and puppies) must always wear his/her ID Tag. All foster animals are micro-chipped prior to going to a Foster home. All Foster animals’ musts be on a leash or in a secure pet carrier when outside of its foster home or enclosed yard. Foster cats must always be kept inside. Do not leave Foster dogs unsupervised outside.

\_\_\_\_\_ Foster parents must notify HCHS immediately of any injury or illness.

\_\_\_\_\_ Legal ownership of all HCHS animals remains with HCHS until such time as proper adoption is completed. Only an HCHS employee is authorized to conduct adoptions.

**RELEASE OF LIABILITY**

\_\_\_\_\_ There have been no other representations or promises other than those included in this Foster Application

\_\_\_\_\_ I/We understand that all rescue volunteer/foster work done with HCHS is at my/our own risk.

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read, understand, and agree to abide by the conditions of the HCHS Foster Agreement. I/we understand that all work done with HCHS pursuant to this Foster Agreement is at my/our own risk, and that I/we assume such risk freely and voluntarily. I/we hereby release HCHS and its agents and employees of any and all liability, property damage, and medical costs while I/we am/are providing volunteer foster care for HCHS.

I/We, hereby for myself/ourselves, heirs, administrators and assigns, fully, irrevocably and unconditionally release and agree to hold harmless HCHS and its individual members from any and all known or unknown, anticipated or unanticipated, suspected or unsuspected causes of action, charges, suits, debts, demands, claims, liabilities, losses, costs, expenses (including, without limitation, attorneys fees) or damages, including but not limited to any medical costs, damage to property, persons or other pets, of any and every kind, nature and description, at law or in equity, in connection with or arising from while I am caring for the agreed rescue companion animal.

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

Foster Volunteer(s) Signature Date