



Humane Society of Central Oregon

Foster Care Program Application



Name: _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____ Birthdate: _____

Do you own or rent? Landlord's name and phone #: _____

Occupation: _____ Employer: _____

Do you currently have pets? Yes No If yes, please list below:

Name	Breed	Age	Gender	Altered yes/no

Do you have children in your household? Yes No If yes, what ages _____

Please check the animals you are willing to foster.

- Orphaned Kittens—bottle fed every 2-4 hours for first 3-4 weeks
- Weaned Kittens—eating wet or dry food on their own
- Nursing cat with kittens
- Feral cat or kittens—require socialization
- Sick or injured cat or kitten needing medication or special care
- Orphaned puppies—bottle fed every 2-4 hours for first 3-4 weeks
- Weaned puppies—eating wet or dry food on their own
- Nursing dog with puppies
- Sick or injured dog or puppy needing medication or special care
- Other _____

In case of a Disaster:

Housing Animals-

How Many Cat(s)? _____ How Many Dogs? _____ Horse or Livestock? _____

What facility(ies) do you have to contain the animal(s)? _____

Check the care giving tasks you are able to do:

- Injections Subcutaneous fluids Checking for dehydration Temperature taking
 Pill medication Liquid medication Bottle feeding Tube feeding

- H.S.C.O. foster animals must be kept in a house or a secure area.
- Foster animals must be kept separate from other animals in household for a least ten days.
- Windows must have screens.
- Your own animals must have current vaccinations and de-worming.
- Your signature hereon signifies that you will comply with these criteria.
- Describe the area in which you will house your foster animals: _____

Describe experience you have had caring for infant, orphaned, sick or injured animals _____

You will be contacted by the Foster Care Program Coordinator shortly after receipt of this application.

I hereby certify that the above information is true and that any falsification will be grounds for denial. I understand the Foster Program requirements and agree to abide by them. I acknowledge that this application will remain the property of the Humane Society of Central Oregon.

Caregiver's signature

SIGN AGREEMENT AND RELEASE

ON NEXT PAGE

For more information: 541-382-3537

Mail to:

HSCO Foster Care Program Coordinator

Michelle Scott

61170 SE 27th St.

Bend, OR. 97702



Humane Society of Central Oregon Foster Caregiver Agreement and Release

The Humane Society of Central Oregon (hereafter referred to as HSCO) operates the Foster Program for animals that are not immediately adoptable. I understand fully that animals are temporarily in my care and belong exclusively to the HSCO. I fully understand that the purpose of this foster relationship is solely to provide care for these animals.

I understand that when the animals are ready to be available for adoption, I will surrender them to the HSCO for placement. The Foster Program coordinator or a HSCO supervisor must approve any decisions made regarding the disposition of these animals and I agree to abide by these decisions. Any and all placements are subject to the same guidelines as all other HSCO adoptions. The Foster Caregiver has the option of adopting foster animals. If I have any questions, I will contact the Foster Program Coordinator.

I agree to adhere to the following guidelines

I agree to provide care, food, water and shelter as directed by the HSCO.

I agree to take animals to the HSCO shelter or a veterinarian for medical treatment, vaccinations and spay/neuter surgery as instructed by the Foster Program Coordinator or an HSCO supervisor.

Foster animals will be in my custody ONLY unless I contact the Foster Program Coordinator to receive authorization for temporary placement in another foster home.

In the event that I cannot continue to foster animals currently in my care, or animal dies, I will notify the Foster Program Coordinator immediately.

I assume all responsibility for property damage caused by the animals while in my care.

I understand HSCO will take every precaution to ensure that the animals I foster are in good health or that any known problems are discussed with me. However, HSCO cannot be held responsible or liable for any unforeseen health problems that may develop once the animal is in my care. I understand the risk of these known and unknown health problems being transmitted to my own pets and HSCO is not responsible for any medical treatment for my own pets as a result of such illness.

I understand that all medical treatment for foster animals must be pre-authorized and arranged for by the Foster Program Coordinator or an HSCO supervisor. HSCO is not responsible for the cost of any unauthorized medical treatment or any cost incurred by the foster caregiver for the care of HSCO animals.

I agree to notify the Foster Program Coordinator immediately if a foster animal's medical condition changes in any way or if an animal is showing warning signs of severe illness.

24 hour emergency care is not available to HSCO. The cost of any veterinary care not approved by the Foster Program Coordinator or an HSCO supervisor will be the responsibility of the foster caregiver.

I understand that if any health problem is deemed by HSCO to be untreatable or if treatment is cost-prohibitive as determined by an HSCO supervisor, I agree to return animals to the HSCO shelter as soon as possible.

I hereby agree to accept a position as an HSCO Foster Caregiver and in so doing, I agree to comply with all rules and regulations which may be established from time to time by HSCO. I understand that failure to do so may result in my immediate termination.

I acknowledge that my services are provided strictly on a volunteer basis, without any compensation and without liability on behalf of the HSCO. All services are performed by me at my own risk.

I understand that public relations is an important part of volunteering for HSCO. On behalf of myself, my heirs, personal representatives and executors, I allow the HSCO to use any photographs taken of me and/or my family for use in public relations efforts.

I recognize that in handling animals there exists a risk of injury including physical harm caused by animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Humane Society of Central Oregon, its agents, servants, volunteers and employees from any and all claims, causes of action or demands of any nature, including costs and attorney's fees incurred by the Humane Society of Central Oregon in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my service to the Humane Society of Central Oregon, including but not limited to animal bites, accidents, injuries, property damage or veterinary fees.

Signature of Caregiver

date

Signature of Witness