



Foster for the DRHS

The goal of the Dubuque Regional Humane Society's (DRHS) foster care program is to rehabilitate animals in order to make them available for adoption. Cats, kittens, dogs, puppies, and various small mammals are able to find forever homes with the help of our dedicated foster families.

What is a foster parent?

A volunteer foster parent assists in the rehabilitation of an animal by providing in-home care. An animal may need a foster home for a variety of reasons including age, illness, injury, socialization, or to help provide needed space at the shelter for incoming animals. Foster parents provide a clean, safe, loving environment for the animals in their homes.

Time Commitment?

The length of foster care for each animal varies depending on its needs. Fostering may last from two weeks to several months. We have a need for foster parents throughout the year and foster parents are contacted by the Foster Manager as needs arise.

Any Expenses?

The DRHS furnishes all of the supplies needed to care for foster animals. This includes food, bedding, litter, toys, and enrichment items. Additionally, the DRHS provides all medical care and related expenses.

Foster parents are responsible only for the expenses traveling to and from the shelter for medical care appointments and picking up supplies when needed. Appointments vary depending on the animal and reason an animal is in the foster program.

Responsibilities?

It is the foster family's responsibility to provide a clean, safe, and loving environment for our foster animals. Being a foster parent requires the following:

- Ability to commit to routine medical appointments
- Have access to transportation
- Be accessible by DRHS staff (phone, email, text, etc.)
- Must be 18 years of age
- If fostering dogs, a safe place to walk or an enclosed outdoor area where dogs can be supervised during outside time.
- While fostering does not necessarily take a lot of time, time commitments vary depending on the needs of each animal and must be considered before taking on any foster animal.
- Fostering needs are dependent upon seasonal population growth and our shelter's intake.
- Patience. Foster animals, like all animals, require patience as they transition to your home and environment.

Fostering is one of the most rewarding volunteer experiences; with your help, we can save more lives!

Please contact the Foster Manager at foster@dbqhumane.org for more details!



Applicant Information

Full Name: _____
Last First M.I. Birthdate / /

Address: _____
Street Apt./Unit # City IA/WI/IL State Zip

Phone Number: _____
Primary Phone Secondary Phone

Email: _____

Emergency Contact: _____
Full Name Phone Relationship

Experience

Occupation and Employer: _____ Regular Working Hours: _____

About how many hours per day are you able to spend with your fosters? Day _____ Evening _____ Weekend _____

Have you ever fostered animals in the past? Yes No
What species & through what organization? _____

Please describe your previous animal handling experience: i.e. medical care, socialization, training, bottle feeding, weaning, etc.

Fostering Interests

Are you able to meet the six month commitment, fostering one animal or group during that time? Yes No

What are you interested in fostering? Check all that apply:

<input type="checkbox"/> Dogs	<input type="checkbox"/> Dog with socialization, training, or behavior modification needs	<input type="checkbox"/> Cats/Kittens with URI (Urinary Tract Infection)
<input type="checkbox"/> Cats	<input type="checkbox"/> Pregnant dog/nursing puppies	<input type="checkbox"/> Bottle-fed kitten(s)
<input type="checkbox"/> Critters (Birds, ferrets, guinea pigs, reptiles, small rodents)	<input type="checkbox"/> Surgery complications	<input type="checkbox"/> Pregnant cat/nursing kittens
<input type="checkbox"/> Dog/Puppy with Kennel Cough	<input type="checkbox"/> Kittens	<input type="checkbox"/> Cat with socialization, training, or behavior modification needs

Will be able to return the animal to the DRHS after having cared for it for an extended period of time? Yes No

Are you willing and able to bring foster animal(s) in for routine medical and foster appointments as scheduled by you and the Foster Manager? Yes No

Describe your feelings about euthanasia of animals for health or temperament problems? _____



Household Information

Do you have access to transportation? Yes No

Do you rent or own your place of residence? Rent Own

*If renting your home, do you have landlord's permission to foster? Yes No

Please provide your landlord's name and phone number _____

Does your place of residence: Have a fenced in yard? Yes No

Have secure screens in the windows? Yes No

Have a spare room or area that can provide isolation from family pets? Yes No

Have children living in the home or that frequent the home? Yes No Ages? _____

As a requirement before becoming an approved foster home, are you willing to allow a representative of the DRHS visit your home for an informal home inspection? Yes No

Do you have any animals in your home? Yes No

Name: _____ Species: _____ Weight: _____ lbs Age: _____ Sex: Female/Male Alterations: Spay/Neuter

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Are your animals current on all vaccinations and in good health? Yes No Additional Info: _____

Name of your veterinarian clinic: _____ Phone: _____

*The DRHS must verify all vaccination records and status for the health and safety of all animals involved.

How does your pet(s) respond to new animals? _____

How does your pet(s) respond to stressful situations, such as change in their daily routine? _____



Verification and Consent

Please provide one piece of identification (i.e.: Driver's License) to shelter staff member when submitting application:

ID Type _____ ID# _____

Staff Initials: _____ Date: _____

Foster Caregiver agrees to immediately contact the Humane Society for proper care instructions in the event fostered animal(s) requires medical attention due to illness or accidental injury. Foster Caregiver agrees to assume the cost of medical care administered to fostered animal(s) due to Foster Caregiver's gross negligence or harmful acts. Foster Caregiver agrees to immediately return the fostered animal(s) to the Humane Society upon receipt of Humane Society's written or oral request to do so, but in no event will fostered animal(s) be held by Foster Caregiver later than the agreed upon time period as stated in this Agreement without the express written permission by an employee of the Humane Society. Foster Caregiver agrees to indemnify the Humane Society for court costs and reasonable attorney's fees incurred by Humane Society in its attempts to regain custody of fostered animal(s) in the event Foster Caregiver refuses to return the animal(s) to Humane Society upon its written or oral request to do so, or at the agreed upon time as stated in this Agreement. Foster Caregiver agrees to immediately contact the Humane Society (563-582- 6766) and the local Animal Control Officer (563-589-4185 / City) in the event fostered animal(s) is stolen or lost while under the Foster Caregiver's supervision and further will assist in the recovery of the fostered animal(s). Foster Caregiver agrees to provide the Humane Society with the fostered animal(s)' remains or otherwise verifiable proof in the event the fostered animal(s) dies or is killed while under the Foster Caregiver's supervision.

By signing below, you confirm that all information is accurate and agree to all terms and conditions listed on this application.

Fosters' Signature(s): _____ Date: _____

Fosters' Printed Name (s): _____

NOTE: The remaining section of this application form will be completed if you are contacted to foster an animal. (For Shelter Office Use Only)

Approved By: _____

Denied By: _____

Reason: _____

Home Visit Completed by: _____ Date: _____

Date Fostering Begins: _____