



Dubuque Regional Humane Society

Foster Program Application Form

Applicant Information

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ **Cell Phone:** () _____

Email: _____

Emergency Contact: _____

(Name) *(Phone)* *(Relationship)*

Background Information

Occupation and Employer: _____

Normal Working Hours: _____

Do you have access to transportation?

- Yes
- No

As a foster parent we require a six month commitment and minimum fostering of one animal or group of animals during that time-frame.

Are you able to make this fostering commitment?

- Yes
- No

*The need of fostering of companion animals fluctuates dependent upon seasonal population growth and our shelter's animal intake. Our highest needs are during the months of May through October, but foster families are ALWAYS needed.

Household Information

Do you rent or own your home?

- Rent
- Own

If you rent, do you have landlord permission to foster?

- Yes
- No

What is your landlord's name and phone number? _____

Does your place of residence:

- Have a fenced yard?
- Have secure screens in the windows?
- A spare room or area that can provide isolation from family pets?

Are you willing to let a representative of the DRHS visit your home for a home inspection?

- Yes
- No

*As part of being approved as a foster home, DRHS requires a home visit by a representative of DRHS.

Time Commitments and Experience

How much time will you be able to spend with your foster animal(s) per day?

Day _____

Evening _____

Weekend _____

Are there any children in the home?

- Yes
- No

If so, what are their ages? _____

Have you ever fostered animals in the past?

If so, what kind of animals? _____

Through which organization(s)? _____

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

Current Household Pets

Do you have any animals in your home?

Animal's Name(s): _____

Species: _____ Breed: _____ Age: _____ Sex: _____

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Species: _____ Breed: _____ Age: _____ Sex: _____

Are all your pets spayed or neutered?

Yes

No

Are your pets current on all vaccinations?

Yes

No

Name of your veterinarian clinic: _____ Phone: _____

*DRHS will need copies of your most current vaccination records to verify your pet's health status.

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?

We will need to verify your pet's vaccination records and status for both your animal and our foster animal's health and safety.

Fostering Interests

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

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

Do you feel you will be able to return the animal to the DRHS after you have cared for it for an extensive period of time? Yes _____ No _____

Are you willing and able to make bring foster animal(s) in for routine medical and foster appointments as scheduled with you and DRHS Veterinary Staff?

- Yes
 No

What are your feelings about euthanasia of animals for health or temperament problems?

By signing below, you agree to the following terms and conditions listed on this application.

Fosters' Signature(s): _____ Date: _____
Fosters' Printed Name (s): _____

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.

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: _____