

# FRIENDS FOREVER HUMANE SOCIETY (FFHS)

## Foster Care Application

In order to be considered as a foster care provider today, you must be 1. at least 18 years of age; 2. an approved foster care provider with the Illinois Department of Agriculture; 3. have the knowledge and consent of all adults living in your household; 4. have a valid ID with current address; 5. have landlord's name and telephone number; 6. understand that FFHS must approve your application.

Date: \_\_\_\_\_

### PERSONAL INFORMATION

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Name: \_\_\_\_\_ Over 18? YES NO

Spouse/Partner's Name: \_\_\_\_\_ Over 18? YES NO

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

E-mail address(optional): \_\_\_\_\_

### HOUSEHOLD INFORMATION

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Where do you live? (Circle appropriate choice) 1. House 2. Apartment 3. Condo 4. Mobile Home 5. Farm

How long at your current address: \_\_\_\_\_

If less than 1 year, please list previous address/how long there: \_\_\_\_\_

Do you Own or Rent? If you rent, does your landlord allow pets? YES NO DON'T KNOW

Landlord's name and phone number: \_\_\_\_\_

Do you have a fenced yard? YES NO If yes, describe type and height: \_\_\_\_\_

Family Members: Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Is anyone in the family allergic to animals? YES NO

Pet experience: (circle one) First time caregiver Experienced caregiver

Time away from home: Home all day Away 7 hours or more

Home atmosphere: Chaotic Average Calm

### YOUR IDEAL FOSTER PET

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Cat Senior Adult Kitten Mother & babies Female Male Long Hair Short Hair Declawed

Dog Senior Adult Puppy Female Male Long Hair Short Hair Small Medium Large

Adopted by board action 7-26-11

It may take your foster pet several weeks to adjust to your home, especially if there are other pets in the home. Are you prepared to devote this much time to helping your foster pet adjust? YES NO

If you have to be gone on business or vacation, where will your pet stay? \_\_\_\_\_

Where will your foster pet be kept when it's home alone? \_\_\_\_\_

Who will be responsible for the foster pet's care, feeding, exercise? \_\_\_\_\_

Are you willing to housetrain your foster pet? \_\_\_\_\_

How will you correct/discipline your foster pet? \_\_\_\_\_

Who is your veterinarian? Please provide name and phone number. \_\_\_\_\_

Please provide the names and phone numbers of three references, at least one of whom is not related to you.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Please list the pets you currently have or the ones that you have had in the past 5 years:

1. Name: \_\_\_\_\_ Dog Cat Age \_\_\_\_\_ Male Female Spayed / Neutered? YES NO

Still own? YES NO If no, what happened to the animal? \_\_\_\_\_

2. Name: \_\_\_\_\_ Dog Cat Age \_\_\_\_\_ Male Female Spayed / Neutered? YES NO

Still own? YES NO If no, what happened to the animal? \_\_\_\_\_

3. Name: \_\_\_\_\_ Dog Cat Age \_\_\_\_\_ Male Female Spayed / Neutered? YES NO

Still own? YES NO If no, what happened to the animal? \_\_\_\_\_

4. Name: \_\_\_\_\_ Dog Cat Age \_\_\_\_\_ Male Female Spayed / Neutered? YES NO

Still own? YES NO If no, what happened to the animal? \_\_\_\_\_

Would you like to talk to our shelter staff about any concerns you have regarding pet training or care issues? YES NO

Please circle any topics that you would like to discuss with us today or in the future:

\_\_\_\_\_

- |                    |                               |                            |                       |
|--------------------|-------------------------------|----------------------------|-----------------------|
| Housetraining      | Indoors vs. Outdoors          | Crate training             | Diet                  |
| Chewing            | Separation Anxiety            | Obedience training         | Exercise requirements |
| Escaping           | Introduction to other animals | Vaccinations               | Pets and Children     |
| Leash/License Laws | Vacation with/without animal  | Moving with/without animal |                       |

I would like more information about: \_\_\_\_\_

\_\_\_\_\_

By signing below, I certify that the information I have provided is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of fostering a pet. I authorize investigation of all statements on this application. I also authorize my veterinarian to release any records or information regarding my current or past pets to FFHS.

I understand the following:

- That I must become an approved foster care provider and pay a \$25 yearly fee to the IL Dept. of Agriculture to maintain my Foster Care status.
- That by fostering an animal from an animal welfare organization, I take a certain risk. Although Friends Forever attempts to find compatible foster homes for each pet, the animal is fostered at the foster care provider's own risk, and while the animal is in the foster care home any damages to persons or property by this animal is the foster care provider's responsibility. Friends Forever will assist and advise foster care providers if problems arise.
- That each foster animal has been screened for health and behavioral issues to the best of FFHS's ability in the time that it has been at the shelter.
- That FFHS will reclaim the foster pet if, in the judgment of FFHS, the home is unsuitable, if the animal has been neglected or abused, or if the foster care provider has misrepresented any facts to FFHS.
- That routine veterinary care will be provided for the foster animal by FFHS at the shelter. In an emergency, the Shelter Manager must be contacted. If the Shelter Manager is unavailable, the foster animal may be taken to a veterinarian for emergency medical care together with this Foster Care Agreement and the foster animal's medical records. If the veterinarian is unwilling to invoice FFHS directly, the foster care provider will be fully reimbursed upon proof of payment. In all cases, the Shelter Manager must be contacted as soon as possible after emergency care is provided.
- To safeguard the animal from loss or mishap. This means not allowing cats to be outside or dogs to be off leash in an unfenced area, or to be left in a fenced area unsupervised.
- That Friends Forever will provide food and needed supplies for the foster animal.
- That the animal will remain in foster care for up to three months, at which time the animal's needs will be re-evaluated by FFHS.
- That a home inspection will be performed by FFHS prior to approval as a foster care provider. FFHS may perform subsequent home inspections at any time.
- That this application is the property of FFHS.

Foster Care Provider's Name (Please print): \_\_\_\_\_

Foster Care Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

FFHS Representative's Signature: \_\_\_\_\_ Date \_\_\_\_\_