



Foster Volunteer Application

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

What is the best way to reach you: _____

Please tell us about your household:

Do you live in a(n): Apartment _____ Do you: Rent _____
Mobile Home _____ Own _____
Condo _____
House _____

How many adults are in your household? _____

How many children? _____ Children's ages: _____

What types and how many pets currently live in your household? _____

Who is your veterinarian? _____

Are all your pets currently vaccinated? Yes _____ No _____

Are all your pets spayed or neutered? Yes _____ No _____

If No, why? _____



Please indicate the kinds of animals you are interested in fostering: (Check all that apply)

Cats	Dogs	Others
Adult Cats: _____ Litters of Kittens: _____ How many kittens could you take at one time? 1 - 3 _____ 3 - 6 _____ 6+ _____ Bottle Baby Kittens: _____ (Require round the clock feeding) Nursing mom plus kittens: _____	Adult Dogs: _____ Small: ____ Med: ____ Lrg: ____ Puppies: _____ Nursing mom plus puppies: _____ Are there any breeds of dogs you are not comfortable fostering: _____ _____	Small Mammals: _____ Reptiles: _____ Birds: _____

Please describe your level of experience with animals: _____

Have you had prior experience with giving animals medication: _____

Have you had prior experience with training dogs: _____

Where will the foster animal be kept during the day? _____

Do you have an indoor area to confine or isolate the animal if needed? _____ Yes _____ No

If yes, please describe the area: _____

Where will the foster animal be kept during the night? _____



You may be required to bring your foster animal into the shelter as frequently as once/week to see our veterinarian, receive vaccinations, etc. When would you most likely be available to do this?

Weekends: _____ Evenings: (4-6pm) _____

Weekdays: _____

Drop animal off early morning (7 - 8am) and pick up end of day (5 - 6pm): _____

Foster Care Agreement

Foster Parent's Commitment to Humane Pennsylvania (HPA):

- I certify that my own pets are currently up to date on their vaccinations, including rabies.
- I understand that HPA strongly recommends that I keep my pet(s) separated from the foster animal(s) for at least ten (10) days. If the foster animal(s) is/are incubating any disease, this will minimize the chance of my own animals becoming ill. I understand HPA is not responsible for the medical well-being of myself, others in my home, or my pet(s) and any illness or medical issues that occur are my responsibility.
- When actively fostering for HPA, I agree to restrict my fostering to said organization only so as to prevent disease transfer between animal populations unless other arrangements have been discussed and agreed upon with the Foster Care Coordinator.
- I agree to keep the foster animal(s) indoors unless under my direct supervision. Dogs must be on a leash when outside or securely contained within a fenced yard. Foster dogs are not permitted to be taken to dog parks. Foster cats are to remain indoors at all times.
- In the event of an emergency, I agree to contact the Foster Care Coordinator. If I choose to seek veterinary care outside of HPA without prior approval from the Foster Care Coordinator, HPA will not be responsible for any monetary reimbursement.
- Foster animals may be destructive, whether due to normal play and development (i.e. kittens and puppies), or due to behavior issues. I understand that HPA is not responsible for any property damage that may occur as a result.
- Some foster animals may develop serious medical problems that may impact their quality of life. Sometimes, despite all efforts, a decision must be made to humanely euthanize an animal to alleviate suffering and/or protect the community in the event of aggression. I agree to follow any decision made by the Foster Care Coordinator regarding the return and/or disposition of the foster animals.
- I agree to return all e-mail and phone correspondence from HPA Staff within 72 hours to facilitate prompt communication and care for my foster animals.
- Foster animals are the sole property of HPA and will not be adopted or given to anyone without the permission of HPA. I agree to return the foster animal(s) to HPA as instructed to do so.



HPA Commitment to Foster Parents:

- HPA will provide all needed supplies to care for the animal.
- All animals will be up to date on vaccinations (as appropriate for their age, weight and medical condition) prior to being placed in a foster home. Felines will be tested for FIV/FLV.
- HPA will provide all necessary medical care for the foster animals as directed by the shelter veterinarian.
- HPA will return all e-mail and phone correspondence from the foster parent within 72 hours to facilitate prompt communication and care for the foster animals.

I confirm that all information supplied on this profile is true and correct. I also understand that foster training will be provided for me before I am able to begin fostering animals for HPA.

Signed _____ Date _____

Please return completed application to:

Humane Society of Berks County
Attn: Leanne Quire
1801 N. 11th Street
Reading, PA 19604
lquire@humanepa.org
610.921.2348 ext. 27

Humane League of Lancaster County
Attn: Becki Meiss
2195 Lincoln Highway E.
Lancaster, PA 17602
bmeiss@humanepa.org
717-393-6551 ext. 230

PC Code: _____	Initial Contact: _____	Interview: _____
Training: _____	Training Completed: _____	
Additional Notes: _____		

