

# PENSACOLA HUMANE SOCIETY™

5 North Q Street, Pensacola, FL 32505 | 850.432.4250 | director@pensacolahumane.org

## Foster Parent Application

Please fill out the entire application and sign the back.

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse/Roommates Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Housing Status: Own • Rent • Other: \_\_\_\_\_ If you rent do you have permission to foster? \_\_\_\_\_

### Please list ALL pets currently in your household (use back if required):

	Name	Species	Breed	Age/Sex	Spayed/ Neutered	Vaccines up to date	Indoors/ Outdoors
1				/			
2				/			
3				/			
4				/			
5				/			

Which veterinarian do you use? \_\_\_\_\_ Do you have any animal foster experience? \_\_\_\_\_

Number of adults in your house: \_\_\_\_\_ Is at least one adult 21 years old or older? \_\_\_\_\_

Number of children in the house: \_\_\_\_\_ Ages: \_\_\_\_\_

Have the children been around animals regularly? \_\_\_\_\_ Are there any known animal allergies? \_\_\_\_\_

Will anyone outside your house be helping? Please Explain.  
 \_\_\_\_\_

Do you have a fenced in yard? **YES • NO** What fence type? **Chain Link • Privacy • Other** How tall? \_\_\_\_\_

How long will the animals be regularly alone? \_\_\_\_\_ Do you work: **Full-time • Part-time • other:** \_\_\_\_\_

Will you keep fosters primarily: **Indoors • Outdoors** How many hours per day will they be outside? \_\_\_\_\_ Will they be kept separate from your animals? \_\_\_\_\_ When you aren't home will they be: **Indoors • Outdoors**

How would you describe your house? **Quiet • Average • Busy**

Would you object to an inspection of your home and/or yard? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Would you object to a background check? \_\_\_\_\_ If yes, why? \_\_\_\_\_

If you have pets, are they on monthly flea prevention? \_\_\_\_\_ If no, why not? \_\_\_\_\_

**PENSACOLAHUMANE.ORG**

**ALL INCORPORATED NON-PROFIT ORGANIZATION FOR ANIMAL WELFARE INVITES YOUR SUPORT.**

Solicitation of Contribution Act registration number SC-02477.

100 percent of your donation goes to the Pensacola Humane Society for care, feeding and maintenance of animals.



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Can you purchase basic supplies for your fosters? \_\_\_\_\_ Can you give medications if needed? \_\_\_\_\_

Can you bring fosters into PHS for shots every 2 weeks? \_\_\_\_\_ And if an emergency occurs? \_\_\_\_\_

Which species are you interested in fostering? Circle all that apply:

**DOGS** (5 Months & up) • **PUPPIES** (5 Months & under) • **CATS** (6 Months & up) • **KITTENS** (6 Months & under)

What are you comfortable caring for? Circle all that apply:

**Bottle Feed-** Prefer • Able • No **Underage-** Prefer • Able • No  
(Puppies & kittens are birth to 4 weeks of age with no mother.) (Puppies & kittens are 4 – 8 weeks old and eat on their own)

**Mother -** Prefer • Able • No **Sick-** Prefer • Able • No  
(Mother is kept with the puppies or kittens until 8 weeks old.) (Animals need medication for up to 2 months to be healthy for adoption.)

How many animals are you comfortable caring for at a time? \_\_\_\_\_

How experienced do you feel caring for an animal? **No Experience • Some Experience • A lot of experience**

How experienced do you feel providing medical care? **No Experience • Some Experience • A lot of experience**

What grooming and behavior needs do you not feel comfortable working with?

**House-training • Excessive Shedding • Destructive Chewing • Scratching • Other:** \_\_\_\_\_

## Agreement:

\_\_\_\_\_ Food for the animals is my responsibility; the PHS may be able to help in this regard, but this is not guaranteed.

\_\_\_\_\_ I will call the PHS immediately if a foster animal has become ill, lost, or stolen.

\_\_\_\_\_ If a foster animal requires veterinary care I will follow the Foster Contact List provided.

\_\_\_\_\_ I understand that if I relinquish custody of the foster animal(s) to any entity other than the PHS, I will be liable to the PHS for liquidated damages in the amount of \$200.

\_\_\_\_\_ The information given is current including address, phone number, housing status, etc.

I understand that a home check by authorized personnel of the Pensacola Humane Society may be required before this foster home application is approved. I also understand that the Humane Society provides the medication and veterinary care as needed. I understand that all other supplies are supplied by the foster home (i.e. litter box, food bowls, bedding, etc.) If any animal in my care dies I will notify the Humane Society staff immediately and provide any documentation requested.

I understand, if my application is approved, any animal(s) placed in my care on a foster basis remain the property of the Pensacola Humane Society, Inc. and must be returned to the Pensacola Humane Society within 24 hours if so requested by an authorized representative of the Humane Society.

I understand that the handling of animals may place me in a hazardous situation and could result in injury to my personal property or me. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release discharge, indemnify, and hold harmless the Pensacola Humane Society, Inc. and it's directors, officers, employees and agents from any and all claims,

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causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my fostering activities.

I further understand that my fostering of a specific animal in no way influences who is ultimately selected or permitted to adopt the animal. I understand that the animal will be placed up for adoption and will go through the normal adoption process, and there are no "holds" on animals prior to or after their eligibility for adoption.

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of the Pensacola Humane Society, Inc.

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

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## OFFICE USE ONLY

Home visit needed? Yes • No If yes, why? \_\_\_\_\_ Visit completed by: \_\_\_\_\_ on \_\_\_\_\_

Foster parent application approved by: \_\_\_\_\_ on \_\_\_\_\_

Foster parent application rejected by: \_\_\_\_\_ on \_\_\_\_\_ Due to: \_\_\_\_\_

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