



HUMANE SOCIETY
OF TRUCKEE-TAHOE

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10961 Stevens Lane 🐾 Truckee, California 96161 🐾 (530) 587-5948 🐾 www.hstt.org

FOSTER PARENT APPLICATION

Date: _____

Name: _____

Birth Date: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Do you ... Own Rent

If you rent, does your agreement allow animals? Yes No If Yes, how many? _____

How many adults in the household? _____

How many children? _____ Ages of children: _____

Who will be the primary caretaker of your foster animal? _____

Does anyone in your household have allergies to animals? Yes No

Current pets (please include all pets, including small caged pets and barnyard animals):

Type of Pet Age Sex Spayed or Neutered? How long owned:

_____	___	___	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	___	___	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	___	___	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	___	___	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Are your pets at home up-to-date on their vaccinations? Yes No

If not, what vaccinations are they without? _____

Do your pets at home get along with:

Dogs? Yes No Puppies? Yes No

Cats? Yes No Kittens? Yes No

Do you have previous foster experience? Yes No

If so, where did you foster and what was your experience like:

Have you had any contagious animal-related diseases in your household, i.e. parvovirus, feline leukemia, FIV, ringworm, etc? If yes, please give dates and details below:

Who are you interested in fostering? (please mark all that apply):

- Puppies Kittens Neonatal Puppies
- Pregnant Dogs Pregnant Cats Neonatal Kittens
- Nursing Moms (Dog/Cat) Senior Dogs Senior Cats
- Undersocialized Kittens Small Animals Hospice or Special Needs Animals

Do you feel comfortable giving medications (pills or liquid)? Yes No

Length of time during the day your animal would be left alone: _____

Where will you keep the pet while you are away? _____

Where will you keep the pet at night? _____

If you are fostering a dog, do you have a fenced yard or enclosed deck? Yes No

How did you hear about our Foster Program? _____

By completing and signing this application I agree to the following:

- 1.) That completing this application does not guarantee that I have been approved for fostering.
- 2.) I understand the mission of the Humane Society of Truckee-Tahoe (HSTT) and as an HSTT volunteer I agree to represent this mission within the community on behalf of the organization.
- 3.) I understand that by taking a foster animal into my home the Humane Society of Truckee-Tahoe is not responsible or can **NOT** be held accountable for incidents and accidents in the house or any other home or place of business.
- 4.) I understand that HSTT is the sole guardian of the animal(s) taken in foster care and that fostered pet(s) must be returned to HSTT upon HSTT’s request.

- 5.) I understand that only HSTT’s Foster Manager, Animal Programs Director, Veterinarian and Executive Director, and the Town of Truckee’s Animal Services Shelter Manager have the authority to make changes to program guidelines.
- 6.) I understand HSTT has the right to terminate this foster care agreement and relationship at will.
- 7.) I am taking in this animal and know that there may or may not be some behavior issues. I understand that HSTT cannot guarantee the health or temperament of my foster pet(s). The Humane Society of Truckee-Tahoe has given me all the info on this animal that is known.
- 8.) I understand that I MUST contact the Foster Manager immediately if my foster pet(s) bites and breaks skin.
- 9.) I understand that if my foster pet becomes ill or injured I will contact HSTT immediately. Most medical issues will be treated at the shelter by HSTT’s veterinarian. In the event of a medical emergency after hours I will call the emergency-only foster support phone number to get guidance about how to proceed.
- 10.) I understand that if I, as a foster volunteer, want to adopt any of my foster pet(s), I must go through the standard HSTT adoption process. I also understand that I cannot send my foster pet(s) to an adoptive or potential adoptive home without permission of HSTT.
- 11.) I agree that as a foster care provider that HSTT shall be held harmless from any and all claims, liability, judgements, losses, damages, expenses, or costs of any kind arising out of injury related to the HSTT foster care program.

I certify that the information entered on this application is true and I have read and understand the above agreements.

Foster Parent Signature (must be 18yrs or older)

Date