



Franklin County Humane Society
1222 W. Main Street
Union, MO 63084
636-583-4300

Foster Program Volunteer Application

Date: _____

Name: _____

Address _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Are you 21 or older? Yes No

Have you adopted from FCHS before? Yes No When? _____

Why would you like to participate in this program? _____

Does your schedule allow you to take your foster pet to outside events? Yes No

What is the best time to reach you? _____

Can we call you at work? Yes No

Times available for in-house interview: _____

Type of animal(s) you are willing and able to foster: _____

Please list the current animals in your household:

Pet's Name	Species	Sex	Spayed/Neutered	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where will he/she primarily stay? Inside Outside Both

Where will he/she be kept when alone? _____

Are your pets good with other animals? _____

Do you have an area in your home to confine foster animals? Yes No

Where: _____

If you have cats, do you keep them indoors or do you let them outside? _____

If you have dogs, do you keep them primarily indoors or outside? _____

Do you have a fenced yard? Yes No What type? _____

Does anyone in your family have allergies to pets? Explain:

Please indicate your housing status:

_____ Rent an apartment

_____ Rent a house

_____ Own a house or condo

_____ Live with parents

If you are renting, please provide your landlord's name and phone number: _____

How many hours a day are your pets home alone? _____

Do you have any children in your household? Yes No

If Yes, How Many? _____

Please list their ages: _____

Your Veterinarian's name: _____

Telephone Number: _____

Do you understand our right to choose the best possible environment for this pet and our right to approve or deny this foster application? Yes No

I give the Franklin County Humane Society permission to complete any background check(s) on myself and any other member of my household. I agree to a home visit by a representative of the Franklin County Humane Society before I begin fostering. I give the Franklin County Humane Society permission to check landlord and veterinary references before an application is considered. I also agree to keep any and all information I may receive concerning the owner/former owner of any pet I foster confidential.

I understand the pet in my care is property of the Franklin County Humane Society, and any decisions regarding the pet and the pet's future, which may include euthanasia, is exclusively that of the Franklin County Humane Society. I further agree to return the pet to the Franklin County Humane Society upon request.

I acknowledge that the Franklin County Humane Society cannot guarantee any foster animal against parasites, diseases or destructive behavior. I will not hold the Franklin County Humane Society responsible, or seek any compensation for medical fees, or other liabilities, damages or injuries caused by the animal(s) I am fostering. I

understand that any bites or injuries caused by the animal(s) I am fostering are to be reported immediately to the Franklin County Humane Society. I further agree to be personally responsible for the humane housing and care of the animal(s) I am fostering.

I affirm that I am twenty-one years of age or older. I have read the above stated application carefully and certify that the information I have given is accurate and true. I understand that the Franklin County Humane Society is relying on this information when considering my acceptance into the Franklin County Humane Society's Volunteer Foster Program. I understand that my misrepresentation of the above information authorizes the Franklin County Humane Society to deny my application and/or reclaim the foster pet that is in my home. The Franklin County Humane Society has the right to refuse any person for any reason into its Volunteer Foster Program.

I, the undersigned, certify that all of the information contained in this application is complete and accurate and any misrepresentation will cause me to be denied, or if discovered after fostering, void any further adoption and rights of fostering.

Signature_____ Date_____