



Foster Care Provider Application

Erie Shores Humane Society
P.O. Box 1041
Elyria, OH 44036
www.erieshoreshumanesociety.com

Sheryl Kinser, Canine Adoption Coordinator: (440) 324-3945 or (440) 476-3614
Holli Seguin, Feline Adoption Coordinator: (440) 309-7804
Peggy Hartman, (440) 365-7516 or (440) 452-1619
Shannon Moss, (440) 610-0307

Please answer the following questions to help us understand your background as well as the type of foster home you can provide our animals. Upon receipt of this application, the foster coordinator will contact you to discuss the program in greater detail and answer any questions you may have.

Basic Information

Name					
Address 1					
Address 2					
City		State		Zip	
Email					
Home Phone					
Cell Phone					
Employer					
Work Phone					

Please list three people who will know how to locate you in case of emergency.

Name	Phone	Relationship

Living Arrangements

Do you live in a house, apartment, or other?
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Do you rent or own?

If you rent, please answer the following questions.

Property owner's name and telephone:

Do you have permission in writing to have pets?

What is property's pet weight limit, if any?
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What are the property's breed restrictions, if any?

What is the property's limit on the number of cats in one dwelling?

Do you have children? Yes No

If you have children, please answer the following questions.

What are your children's ages?

Are your children trained to handle animals gently?

Will the children be closely supervised while with the animal?
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Does anyone in your home have a fear of cats or dogs? Yes No

Does anyone in your home have animal-related allergies? Yes No

Please list the current pet(s) you have in your home. (Attach additional information as necessary.)

Type of pet #1:

Age?

Male/Female?

Spayed/Neutered?

Licensed?

Nametags or microchipped?

Submissive/Dominant?

Type of pet #2:
Age?
Male/Female?
Spayed/Neutered?
Licensed?
Nametags or microchipped?
Submissive/Dominant?

Type of pet #3:
Age?
Male/Female?
Spayed/Neutered?
Licensed?
Nametags or microchipped?
Submissive/Dominant?

Name and phone number of your veterinarian:	

Which option best describes your home activity level?

- Busy/Noisy
- Moderate coming and going
- Quiet / occasional guests

If you have a yard, please check all of the options below that apply.

- Fenced
- No Fence
- Kennel
- Other (please describe)

If your yard is fenced, please answer the following questions.

What type of fence do you have?
How tall is the fence?
How many gates does the fence have?
Are each of the gates securely latched and locked?

If the animal is outside other than for supervised activities, describe what shelter will be available for it (check all that apply):

- Shed or garage
- Doghouse
- Covered area (porch)
- Shade trees
- Other (explain)

How long will the foster animal be left alone on a daily basis?	

Where will the animal stay when you are not at home?

- Loose outside
- Kennel / run
- Fenced area outside
- Crated or otherwise confined inside
- Loose inside
- Tied/chained outside

Please describe the area of your household where the animal will be kept at night.

Do you have an area where you can isolate the foster animal from your own pets if necessary? If so, please describe the isolation area.

How will your foster pet be cared for during overnight absences or while on vacation?

Fostering Info

What is the name of the animal you are interested in fostering?
Why are you considering fostering an animal?
Describe the type of foster pet (personality, energy level, size, quantity) that you think would best fit your circumstances.
Age preference?
Preferred sex?

How did you hear about the animal you are interested in?

Would you be interested in fostering:

Yes	No	
		Mildly sick or injured animals (needs recuperation time in a stress-free environment)?
		Nursing animals or young orphaned animals (bottle feeding)?
		Special needs animals?

Time Commitment

Please indicate the amount of time you can commit to fostering an animal:

- | | |
|--|---------------------------|
| _____ Emergency – any time, day or night | _____ Up to four weeks |
| _____ One day or night | _____ Up to six weeks |
| _____ Short term (up to two weeks) | _____ More than six weeks |

Fostering Frequency:

Yes	No	
		Would you like to foster animals on a regular basis, especially as needed during the busy season (spring/summer)?
		Would you like to become a foster care provider on a long-term basis?

Background

What is the longest period of time that you have owned a pet? _____

List all pets you have had in the last five years. Explain why each pet is no longer with you (please be specific).

Check yes or no for the each of the following:

Yes	No	
		Do you have access to a car or transportation for the animal if vet care is needed?
		Are you willing to take the animal to our different adoption clinics?
		Are you willing to allow potential adopters to visit the animal in your home?
		Are you willing to housetrain a dog or litter box train a cat?
		Have you ever owned an animal that was poisoned?
		Have you ever owned an animal that was killed by a vehicle?
		In the past three months, have you owned an animal that died on your premises from distemper, leukemia, parvo, or unknown causes?

		Have you ever owned an animal that died from a disease? If so, what disease?
		During the past two years, have you lost a pet (not through death)? If so, please explain.

Animal Care

Who will be the primary foster care giver? _____

Who will feed, water, and clean up after the animal? _____

If you foster a dog, who will walk or exercise the dog at least three times per week? _____

Is everyone aware of the amount of time and attention an animal needs? Yes No

In your opinion, what physical symptoms and/or behavior would warrant immediate medical attention? _____

_____ Please initial and date if you agree to the following: Though Erie Shores Humane Society does not accept vicious animals into our foster program, we do not know the histories of many of our rescues. Are you prepared to contact ESHS immediately if your foster animal bites anyone or injures another pet?

Under what circumstances would you consider giving up your foster pet?

_____ Barking

_____ Housebreaking

_____ Chewing

_____ Jumping up

_____ Shyness / other fears

_____ Digging

_____ Scratching or climbing on furniture

_____ Shedding

_____ None

_____ Please initial and date if you agree to the following: I am committed to working with the animal to correct any of these and most other problems.

Describe what you consider unacceptable behavior from a pet and what you would do to correct these behaviors.

Under what other possible circumstances would you return a fostered animal?

_____ Move

_____ New baby

_____ Divorce

_____ Personal illness

_____ Other (please describe):

_____ None of the above

Release of Liability

By signing below, I acknowledge that:

- I have completely read this questionnaire and comprehend it fully,
- I know that applying does not guarantee approval, and
- I understand that untruthful answers or failure to comply with the requirements on this application or the foster contract can result in the forfeiture of any Erie Shores Humane Society animal fostered to me.

Further, I certify that the information I have provided is accurate to the best of my knowledge and can be verified. I understand that, by signing this form, I agree to release and covenant to hold harmless the ESHS foster program, board members, foster coordinators, and members from any claims, damages, costs, or actions of the animal. I understand that there is a risk of injury and illness to both humans and pets when caring for an ESHS rescued animal. I accept full responsibility for the animal's actions at all times, and release ESHS from any liability that may be incurred as a result of fostering such animal(s). I agree that ESHS is not liable, under the concept of charitable immunity.

Applicant's Signature

Date

ESHS Representative's Signature

Date