



# HARNEY COUNTY Save A Stray Rescue

*Within the heart of every stray lies the singular desire to be loved. Save a stray today.*

## FOSTER CARE APPLICATION

Date: \_\_\_\_\_ Interested in fostering:  Dog  Pup  Cat  Kitten

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Children:  No  Yes, ages: \_\_\_\_\_

Are you employed?  No  Yes Normal Work Hours: \_\_\_\_\_

Do you own any pets?  No  Yes Species, breed, age, sex of each: \_\_\_\_\_

Have you ever taken an animal to a shelter?  yes  no

If yes, why? \_\_\_\_\_

Do You:  Own  Rent

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This Pet Will Be Primary:  Indoors  Outdoors

If outdoor, type of outdoor shelter: \_\_\_\_\_

Is Your Yard Fenced?  Yes, height: \_\_\_\_\_  No, this is how I will confine & exercise the animal: \_\_\_\_\_

Where will you keep a foster dog while you are not at home? \_\_\_\_\_

How many hours each day will the dog be left alone? \_\_\_\_\_

Do you have a crate to keep the dog in for short periods of time?  No  Yes

Is there a limit to the length of time you can keep a dog before it is placed?  No  Yes

Explain: \_\_\_\_\_

Harney County Save A Stray Rescue  PO Box 403 Burns, OR 97720



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May prospective adopters come to your house to meet dogs you are fostering?  No  Yes

Have you ever fostered animals before?  No  Yes If yes, please describe your experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to foster? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Primary Veterinarian: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

Please provide TWO references NOT including the veterinarian listed above:

Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_



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## FOSTER CARE AGREEMENT

I volunteer to care for any animal placed in my care until a suitable home can be found. I agree to abide by the terms of the adoption agreement that has been provided for my information in regards to the manner in which the animal will be cared for. To be eligible for reimbursement, expenses incurred on behalf any animal while in my care, must be preauthorized by an approved representative of or HCSAS. Under no circumstances may the animal be sold, traded or released to any other person or shelter unless authorized by HCSAS.

I understand that the temperament of the animal in question to be sound, it is not warranted as such, and HCSAS cannot be held liable for acts committed by the animal while in my care.

I agree that should I choose to adopt an animal in my care, I will immediately notify person listed above of my intention. I understand that once an adoption application for the animal in my care has been received by HCSAS, I am no longer eligible to adopt the animal.

I further understand that adoptions by foster volunteers require approval by HCSAS and that an adoption fee will be determined at the time of adoption.

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Foster

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Date

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HCSAS Representative

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Date