



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

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

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



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 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.

Foster

Date

HCSAS Representative

Date