



Humane Society of West Texas
Foster Application

Name of Animal _____

Date _____

Name _____ Email _____

Phone Number _____ Cell _____

Mailing Address, City, State, Zip _____

Emergency Contact _____

Two References

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Do you live in a: HOUSE APPARTMENT OTHER Do you have a fenced yard? _____

Do you OWN or RENT your home? If renting, do you have the owner's consent to house animals? YES NO

Name of landlord and phone number: _____

Do you have other pets? YES NO If so how many? Dogs _____ Cats _____ Other _____

Are your pets current on vaccinations? YES NO Are they spayed/neutered? YES NO

We do not share any personal information with the public, however, your information will be available to multiple people within the Humane Society of West Texas to notify you of information related to you or the animal you are fostering.

By signing below, you verify that all the information provided is accurate to the best of your knowledge. You also agree to periodic home visits of inspect the welfare and environment of the animal you are fostering. You also understand that the animal you are fostering belongs to the Humane Society of West Texas until the adoption paperwork is completed and payment in full is made. The fostered animal may be removed as deemed necessary by the Humane Society of West Texas.

I, _____, have read and agree to the terms on the following page.

Signature _____ Date: _____

Signature of HSWT Rep. _____ Date: _____

Humane Society of West Texas
Foster to Adopt Care Agreement

The Humane Society of West Texas (HSWT) makes no guarantee or representation about the selected animal's temperament and cannot be held responsible (liable) for any injuries, bites, or damages caused by the selected animal while under the control of the undersigned. HSWT may remove fostered animal(s) from foster care for failure to comply with any portion of this agreement.

Further, the undersigned agrees:

To provide adequate food, water, shelter, safe containment, and humane treatment of the animal(s) at all times.

To monitor the animal(s) and provide proper care and socialization to enhance the lives of both the animal(s) and foster/owner.

To bring the animal(s) back to HSWT for treatment if the animal(s) becomes ill, and to notify HSWT staff immediately. If foster takes the animal(s) to a private veterinarian without prior approval, they assume the cost of treatment and will not be reimbursed in any way by the HSWT. Copies of treatment by the private veterinarian must be provided to the HSWT.

To bring the animal(s) back to the HSWT at the end of the foster period or to adopt as specified. An extension of the foster period can be made by the HSWT staff on a case by case basis.

That fostered animals are property of the HSWT. This agreement transfers no ownership rights. Ownership can only be transferred through a completed adoption application and payment in full.

That if a fostered animal dies, the body must be returned HSWT or the foster caregiver must provide verification of death by a veterinarian or other legal authority.

Further I agree:

To update the vaccinations of my own animals against the following diseases before fostering any HSWT animal(s):
Canines: Distemper, Parvovirus, Parainfluenza, Hepatitis, Heartworm, Rabies

Felines: Feline Distemper, Pneumonitis, Rhinotacheitis, Calici, Feline Leukemia, Rabies

To insure my own animal(s) will be kept free of all parasites.

_____ I understand the HSWT will not reimburse for any expenditures I incur for the care and treatment of my own animal(s). I understand that if the fostered animal contracts a contagious disease, the foster home will not be considered or further fostering other animals of the same species for a length of time to be determined by the HSWT.

_____ I also understand that if I brought the animal I am fostering into the HSWT system and if at any time I cannot continue to foster said animal, I will pay the \$125.00 adoption fee to the HSWT so that my responsibilities for this animal cease and another foster home or boarding can be found.

Please read and sign the other side.

INDEMNITY

I agree to release, discharge, indemnify, and hold harmless The Humane Society of West Texas, including its agents, employees and volunteers for any and all personal injuries, damages to property or pets caused by the foster animal(s).

I recognize that in handling foster animal(s) there exists risk of personal injury, including physical harm caused by the foster animal(s). On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify, and hold harmless HSWT, its agents, volunteers and employees from any and all claims, causes of action, or demands, or any nature of cause connected with my foster care agreement. I have received, read, and understand the foster guidelines.

Signature of Foster _____ Date _____

Driver's License # _____

Signature of HSWT Rep. _____ Date _____