



## FOSTER CARE APPLICATION

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Employer/Occupation \_\_\_\_\_

### Tell us about yourself:

Please describe why you're interested in fostering for KCHA:

\_\_\_\_\_

Do you have any experience, past or present, fostering animals? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

### Tell us about your home:

Type of residence: House \_\_\_\_ Apartment \_\_\_\_

Do you: Own \_\_\_\_ Rent \_\_\_\_ Live with Parents \_\_\_\_ Other: \_\_\_\_

If you rent or live in an apartment, does your landlord allow pets? Yes \_\_\_\_ No \_\_\_\_

Name of landlord \_\_\_\_\_ Phone \_\_\_\_\_

*(By providing this information you are allowing KCHA to contact your landlord. Please inform them of this call so they will be prepared to speak with us. Thank you!)*

Please describe your yard: \_\_\_\_\_

### Tell us about your current pet(s):

#### Pet (1)

Dog \_\_\_\_ Cat \_\_\_\_ Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_

Spayed/Neutered: Yes \_\_\_\_ No \_\_\_\_ Up To Date on Vaccinations? Yes \_\_\_\_ No \_\_\_\_

How long have you had this pet? \_\_\_\_\_

Does this pet have any known issues with other animals, including gender preference or dominance, dog/cat intolerance, etc.? \_\_\_\_\_

Where do your current pets stay while unattended?

*(Please note – KCHA requires all foster pets to be indoors, including while unattended)*

Crated or contained \_\_\_ Garage \_\_\_ Free roam of house \_\_\_ Basement or designated room \_\_\_

Other, please explain: \_\_\_\_\_

*(Please copy the questions above and respond for each additional pet in your home)*

**Tell us about your family:**

Please list every member of your household, including names, ages and their relationship to you: \_\_\_\_\_

Have you discussed what impact your additional foster care responsibilities could have on your family life? Yes \_\_\_ No \_\_\_

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Please describe your household: Active \_\_\_ Noisy \_\_\_ Quiet \_\_\_ Average \_\_\_

How many hours per day will the animal be unattended? \_\_\_\_\_

Have you ever had a dog positive for Parvo in your house? Yes \_\_\_ No \_\_\_

**I am interested in fostering: (check all that apply)**

Healthy dog \_\_\_ Sick Dog \_\_\_ Puppy \_\_\_ Pregnant Dog \_\_\_ Special needs dog/puppy \_\_\_

Healthy cat \_\_\_ Sick Cat \_\_\_ Kitten \_\_\_ Pregnant Cat \_\_\_ Special Needs Cat/Kitten \_\_\_  
Mama's and Litters \_\_\_

**Tell us about your vet:**

Do you have a regular veterinarian? Yes \_\_\_ No \_\_\_

Vet's name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic Phone \_\_\_\_\_

*(By providing this information you are allowing KCHA to contact your veterinarian)*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## FOSTER CARE AGREEMENT

***KCHA and the above named individual agree that foster care will be provided for the following animal:***

Name of animal \_\_\_\_\_

Breed \_\_\_\_\_

Shelter ID number \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Spayed \_\_\_\_ Neutered \_\_\_\_ Unknown \_\_\_\_

As a foster care provider, I understand and agree to the following: *(Please initial)*

\_\_\_\_ The above-described animal is under the care and protection of the Humane Officer of Kanawha County and/or Charleston, WV and KCHA.

\_\_\_\_ I will take physical custody of the above described animal.

\_\_\_\_ I will provide appropriate food, water, shelter and care for the above-described animal **at my own cost.**

\_\_\_\_ The Humane Officer, or designated employee of KCHA may visit the above-described animal with reasonable notice.

\_\_\_\_ If requested by KCHA, I will return the above-described animal to KCHA.

\_\_\_\_ If I am unable or unwilling to continue care for the above-described animal for any reason, I will return it to KCHA.

\_\_\_\_ I will not under ANY circumstances give away, rehome, or re-foster the above referenced animal without first returning the animal to KCHA and completing the appropriate paperwork.

\_\_\_\_ I agree not to sell, lease, give away, euthanize, or otherwise dispose of the above-described animal.

\_\_\_\_ I will not perform nor will I allow to be performed any elective surgery other than altering (spaying or neutering) to the above-described animal.

\_\_\_\_ I will provide route veterinary care for the above-referenced animal.

\_\_\_\_ If the above-referenced animal **requires veterinary care for which I am unable to pay**, I will return custody of this animal to KCHA immediately.

\_\_\_\_ I understand I **will not receive any compensation or reimbursement for the care I provide** to the above referenced animal.

\_\_\_\_ I will keep control of the above referenced animal at all times. While outdoors the animal will remain on a leash or in a carrier.

\_\_\_\_ I understand if this animal becomes available for adoption, and I am still the foster parent, I will have the right of first refusal to adopt the animal.

I agree to foster the above described animal within the guidelines and parameters described above and further explained to me by KCHA staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KCHA Representative

\_\_\_\_\_  
Witness