



Humane Society of  
Oldham County  
give me shelter

Po Box 727, LaGrange, Kentucky 40031 502-222-7537  
humanesocietyoc@att.net humanesocietyoldhamcounty.com

## HSOC Foster Volunteer Application

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Why would you like to participate in this program?

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

Times available for in-house interview: \_\_\_\_\_

Type of animal(s) you are willing and able to foster: \_\_\_\_\_

Please list the current animals in your household:

PET'S NAME	SPECIES	SEX (M or F)	SPAYED (S) NEUTERED (N)	AGE

Are your pets good with other animals? \_\_\_\_\_

If you have cats, do you keep them indoors or do you let them outside?

\_\_\_\_\_

If you have dogs, do you keep them primarily indoors or outside? \_\_\_\_\_

\_\_\_\_\_

Do you have a fenced yard?  Yes  No

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Please indicate your housing status:

Rent an apartment  Rent a house  Own a house or condo  Live with parents

If you are renting, please provide your landlord's name and phone number:

\_\_\_\_\_

Do you work outside of the home?  Yes  No

How many hours a day are your pets home alone? \_\_\_\_\_

Where are they kept when you are away from home? \_\_\_\_\_

Do you have children in your household?  Yes  No

If yes, how many? \_\_\_\_\_

Please list their ages: \_\_\_\_\_

Your veterinarian's name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please list two personal references whom we may contact:

Personal reference #1: \_\_\_\_\_

Phone number: \_\_\_\_\_

Your relationship: \_\_\_\_\_

Personal reference #2: \_\_\_\_\_

Phone number: \_\_\_\_\_

Your relationship: \_\_\_\_\_

Please make any additional comments below:

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

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## Foster Volunteer Application

### Waiver of Liability

I understand as a volunteer with The Humane Society of Oldham County (HSOC), I may come in contact with animals with unknown histories, undiagnosed diseases, conditions and/or behavioral problems that are unknown to the HSOC. I understand the risks involved and willingly accept those risks.

I hereby fully and completely release, indemnify, and hold harmless HSOC, its directors, officers, volunteers, agents, servants, and employees from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly arising out of or in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal.

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**Foster Signature**

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**(Date)**

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## HSOC/FOSTER AGREEMENT

### HSOC:

- HSOC assumes all medical responsibility for the foster animal.
- HSOC will provide start-up supplies including food.
- HSOC will provide short-term pet sitting services for the foster animal as needed when the foster is out of town.
- HSOC will remove the animal immediately if serious aggression issues develop.
- HSOC will remove the animal if it deems the foster home is not a suitable match for the foster animal.

### FOSTER:

- HSOC will be contacted immediately if a medical condition arises.
- The foster will not incur medical expenses without the prior approval of HSOC.
- The foster agrees to use HSOC's veterinarian at Crestwood Animal Hospital.
- HSOC will be contacted immediately if the animal becomes lost or stolen.
- The foster will provide most of the supplies including food.
- Recognizing that the time involved in fostering is variable—may be short-lived or go on for a very long time—the foster agrees to foster the animal until the animal is adopted to lessen the impact of moving the animal to different environments.
- The foster will drop off and pick up the animal at adoption events.

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**HSOC Director Signature**

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**Date**

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**Foster Signature**

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**Date**