



THE HUMANE SOCIETY OF OLDHAM COUNTY

PO BOX 727
LAGRANGE, KENTUCKY 40031
502-222-7537

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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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.

Foster Signature

(Date)

Signature of Parent/Guardian if under 18

(Date)

HSOC/FOSTER AGREEMENT

HSOC:

- While in foster care, HSOC assumes all medical responsibility.
- 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 monthly adoption events.

FOSTER:

- HSOC will be contacted immediately if a medical condition arises with the animal.
- HSOC will be contacted immediately if the animal becomes lost or stolen.
- HSOC will provide start-up supplies including food.
- HSOC will provide short-term pet sitting services for the foster animal.

HSOC Director Signature

Date

Foster Signature

Date