

Foster Parent Application



Humane Society
of Manatee County

Compassion. Commitment. Community.

Make a difference in the life of a special needs pet!

Overview

Thank you for your interest in becoming a Foster Parent with the Humane Society of Manatee County! Every month we receive pets that require special care. Some of these dogs and cats have sustained injuries or are ill. Others are too young to be placed right into adoption. Your assistance providing much needed care can make a positive difference for these pets.

It takes special dedication and commitment to provide care to our special needs pets. Fostering is often a **24/7** responsibility and pets must be returned to our clinic for checkups as often as every two weeks. Please be sure you feel ready and able to take on this commitment.

The following categories are what most often come in needing foster:

- **Kittens**
Very young kittens (less than 8 weeks of age) who weigh less than two pounds
- **Puppies**
Very young puppies who are less than eight weeks' old
- **Injured Pets**
Dogs and cats that have sustained an injury or wound that just needs time to heal
- **Sick Pets**
Dogs and cats that have a non-contagious medical condition

Submitting your application

Simply drop off your application, and a copy of your driver's license, to the address below:

HSMC Second Chance Adoption Center

2515 14th St. W, Bradenton, FL 34205

You can also email the foster coordinator at: fosters@humanesocietymanatee.org

If you are seeking Community Service hours, please read and sign below:

"I hereby acknowledge that I'm seeking community service hours for my foster service, service hours will be awarded upon completion of the term of service and the clinic deems the pets ready for adoption. Accordingly, HSMC reserves the right to deny community service hours for early return of foster pets or for return of pets in poor condition. If seeking community service hours, I agree to submit my service hour forms to the coordinator in the manner directed at least one week in advance of when I need them signed. I understand every effort will be made by the HSMC staff to return the approved forms on timely basis and that request for immediate approval of hours will not be considered"

Signature: _____

Date: _____

Check one of the following:

_____ Employee _____ Volunteer _____ Manatee Co. Resident _____ Sarasota Co. Resident

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

****A current contact phone number and physical address must be kept on file****

Cell Phone #: _____ Alternate Phone #: _____

Driver License #: _____ State Issued: _____

Date of Birth: _____

Email Address: _____

Employment Information

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Work Phone #: _____

Household and Family Information

- What kind of home do you live in?
_____ Own _____ Rent _____ House _____ Condo _____ Apartment _____ Mobile Home

Landlord's Name & Phone # _____

- How many children live in your home? _____ How old are your children? _____
- How many adults live in your home? _____
- Is anyone in your home allergic pets? _____ Yes _____ No

Pet Information

Do you currently have cats or dogs in your home? Yes No

****All pets in your home must be current on all vaccinations
and have a current rabies registration from your county****

Name: _____ DOG CAT Age: _____ Gender: Male Female

Sterilized: Yes No License # _____ Expiration date: _____

Name: _____ DOG CAT Age: _____ Gender: Male Female

Sterilized: Yes No License # _____ Expiration date: _____

Name: _____ DOG CAT Age: _____ Gender: Male Female

Sterilized: Yes No License # _____ Expiration date: _____

Name: _____ DOG CAT Age: _____ Gender: Male Female

Sterilized: Yes No License # _____ Expiration date: _____

Your Veterinary Clinic: _____

Phone #: _____

Have you ever administered medication to a cat or dog? _____ Yes _____ No

What kind of animals are you interested in fostering?

KITTENS - I am willing to foster: (Check all that apply)

- Bottle Feeding / Neonatal Kittens
- Kittens over 3 weeks
- Pregnant / Nursing Mother with Kittens
- Medical Needs (Sick, Awaiting Surgery, etc.)

CATS – I am willing to foster: (Check all that apply)

- Break from the Shelter
- Medical Needs (Sick, Awaiting Surgery, etc.)

PUPPIES – I am willing to foster: (Check all that apply)

- Bottle Feeding / Neonatal Puppies
- Puppies over 3 weeks
- Pregnant / Nursing Mother with Puppies
- Medical Needs (Sick, Awaiting Surgery, etc.)

DOGS – I am willing to foster: (Please check all that apply)

- Behavioral Needs (Training, In-Home Observations, etc.)
- Provide a Break from the Shelter
- Medical Needs (Sick, Awaiting Surgery, etc.)

Would you like to be added to our foster email distribution list? Yes No

Provisions

Please read the following provisions carefully and initial:

_____ I hereby attest that I am a permanent resident of Manatee or Sarasota County.

_____ I am responsible for the safe transport of foster animals to and from HSMC.

_____ Foster animals are to be physically separated from personal pets to minimize the exposure of personal pets to a foster animal possibly incubating a disease which had not been initially diagnosed. In addition, personal pets must be up to date on all vaccinations prior to fostering.

_____ I understand that the Humane Society of Manatee County is not responsible for property damage and/or injuries or illnesses to people or personal pets which may occur from fostering animal

_____ Follow up with HSMC clinic appointments for vaccinating, de-worming, re-checking and/or sterilizing the fostered animals must be promptly kept.

_____ No additional animals may be fostered until all animals being actively fostered have been properly returned to HSMC.

_____ The remains of any foster animal that dies while in my care must be returned to HSMC for further examination.

_____ I understand that early return of foster animals prior to completion of service term and prior to them being ready for adoption may result in no volunteer, community service hours, being awarded.

_____ Foster animals must be kept indoors unless accompanied outside by foster care provider.

_____ **I certify the information provided in this foster care application is complete and accurate. I will immediately notify HSMC if I am going to move or change my phone number before the change occurs.**

_____ **I understand that fostering is not a guarantee of adoption.** At all times, the foster pet(s) in my care remain the property of HSMC and must be returned upon demand. **Adoption of a foster pet is at the sole discretion of HSMC.** Failure to return a foster pet on demand may result in legal action.

Terms and Conditions

Congratulations on your decision to partner with HSMC and foster a special needs animal. Your help ensures that more shelter animals get a chance to live long, healthy lives as a welcomed family pet. Because fostering can often be a very time-consuming commitment, please carefully read the instructions and stipulations outlined in the application.

Prior to an animal being released to you as the foster care provider, the Shelter Veterinarian will medically examine each foster animal, de-worm as necessary, treat for fleas, ticks, or parasites, and prescribe any required treatments or medications.

It is important to note the following:

- While in your care, foster animals remain the property of HSMC.
- You may not transfer foster care to another individual, give away or sell the foster animal(s).
- If you are unable to continue to care for the pet(s), you must return the foster(s) immediately to HSMC.
- Each foster pet must always be accounted for.
- If a foster pet dies, the remains must be returned immediately to HSMC — no exceptions!

An approved foster household may foster animals limited to one of the following categories:

- Mother cat and kittens
- Kittens without a mother (*1 litter*)
- Mother dog and puppies
- Puppies without a mother (*1 litter*)
- Injured, or special needs animal

Exception to the number or types of animals being fostered at one time requires the advance approval of the Shelter Manager, Shelter Supervisor or the Shelter Veterinarian.

- HSMC shall determine the length of foster type care required for each animal in the foster care program.
- HSMC will provide basic medical care and required medicines to all fosters, sick or injured foster animals, through the shelter clinic, or as may be approved by the Shelter Veterinarian.
- HSMC reserves the right to withhold extensive and prolonged treatment for sick or injured fostered animals, including those with skin diseases, if in the opinion of the Shelter Veterinarian the prognosis may result in pain and suffering and certain death.
- HSMC shall approve the advance scheduling for foster animals requiring sterilization.

- HSMC is not financially responsible for medical expenses incurred by the foster care provider for personal pet medical bills for illness and/or injury from fostering animals.
- HSMC reserves the right to verify all information provided on the Foster Care Application.
- HSMC reserves the right to suspend and/or cancel the foster care application at any time and remove the animals from foster care at will.

HSMC is not financially responsible for medical expenses incurred by the foster care provider for medical treatment given to their personal animal(s).

IN CASE OF AN EMERGENCY

Please take your foster animal to these locations ONLY

Companion Veterinary
and Urgent Care Center

3915 Cortez Road West
Bradenton, FL 34210

(941) 896-9420

7 days a week from 12pm to 12am

Suncoast Veterinary Emergency
and Specialty Center

4937 South Tamiami Trail
Sarasota, FL 34231

(941) 929-1818

24 hours a day 7 days a week

**I have read and completed this foster care application thoroughly and truthfully.
I have also read and understand the Terms and Conditions of this foster care application.**

Foster Care Provider Signature

Date

HSMC Foster Care Program Representative Signature

Date

Community Service Student Foster Hours

(Students must be 14 years or older to participate)

Please attach a copy of school ID, license, permit or passport of student to this form

Name of Student to receive hours: _____

Name of School: _____

Age: _____

Thank you for helping us save lives! We are counting on students like you to help save these little ones, which includes providing the proper care and attention they need. Fostering is no light task. There are major responsibilities involved and fostering is often a **24-hour, seven day a week responsibility**. So please make sure you and your family are truly **committed** to and **up to the task** before taking a little one home. In addition to daily care and attention, there are a few more responsibilities required below. **Please understand that animal's lives are at stake in this program and you are the key to ensuring their success.**

Program Requirements:

All animals fostered must be returned to our Clinic for checkups as often as every two weeks, even if the foster is not sick.

Contact the Foster Coordinator directly if any of your foster animals display any sign of sickness. Examples include sneezing, sniffing, eye discharge/infection, etc., stops eating or drinking, seems sleepy.

Did a parent/guardian complete the foster application (minors only)? _____ Yes _____ No

Students need to be supervised by an adult during this process (minors only)

Print Student Name

Print Parent Name

Student Signature

Parent Signature

Student Service Hours awarded:
5 Hours/Day for 1-3 kittens or puppies
6 Hours/Day for 4+ kittens or puppies

Failure to complete the fostering period or not bringing animals back in a timely fashion may result in community service hours not being awarded.

Contact the Foster Coordinators with any concerns:

(941) 747-8808 ext. 313 or 312

fosters@humansocietymanatee.org

(preferred method of contact)