



Kitsap Humane Society
9167 Dickey Rd NW
Silverdale, WA 98383
P: 360-692-6977

WELCOME!

Dear Prospective Foster Caregiver,

Please fill out this application to begin the process of becoming a foster parent with KHS! We do not share information gathered in this application outside of KHS. Call us at 360-692-6977, ext 1207 or e-mail foster@kitsap-humane.org with any questions you may have.

Thank you for your interest,

Kaitlin Hibbs

KHS Foster Care Coordinator

Foster Caregiver Application

Name (first and last): _____

Are you at least 18 years of age? Yes No

If not, please specify your age: _____

Volunteers ages 16 and 17 must have written approval from a parent or legal guardian; e-mail the coordinator for form.

How did you find out about KHS' Foster Care Program?

Demographics

Please provide your current street address. If your mailing address is different, please include it.

Address: _____

Address (line 2): _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

***Please double check for accuracy, as this is our primary means of communication.**

Please list the phone numbers at which we can reach you. Be sure to include your area code.

Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number(s): _____

Driver's License Number: _____

Fostering Preferences

In order to better match foster caregivers with animals in need, it would help us to know your preferences for any future foster assignments.

	Very Interested	Might Be Interested	Not Interested
Adult Cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mom Cats with Unweaned Kittens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kittens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mom Dogs with Unweaned Pups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puppies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cage birds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reptiles/Amphibians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Livestock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Many times the animals who need foster care have medical conditions or need behavior modification in order to ready them for adoption. Which of these treatable special needs might you like to assist us with?

	Very Interested	Might Be Interested	Not Interested
Underweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery recuperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatable skin conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household manners training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shy or fearful animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More severe behavioral needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About Your Home

To help us better match animals with foster caregivers, please tell us about your home environment and animal care skills.

Where do you live? (check one)

- single family home duplex/condo apartment mobile home assisted living complex

Landlord status?

- own rent/lease

Who do you live with?

Name	Age	Relationship to Applicant

Are all members of your household aware and supportive of your interest in fostering? Yes No

How many animals live in your home as permanent residents (your own pets)?

Type/Breed	Age	# of Years Owned	Spayed/Neutered?	Vaccinations Current?

Do your personal pets get along well with other animals? Yes No

If no, please specify: _____

Do you have an area that can be isolated from personal pets and easily disinfected (no carpet, i.e. bathroom)? Yes No

If yes, please specify: _____

Would you be able to come to the shelter every couple weeks for your foster animal's vaccine boosters and health checks? Yes No

Please list any special training or experience in animal handling or care that you have had:

Foster Program

Are you willing to take a foster training class at KHS? Yes No

If yes, what are the best times for you: _____

Are you willing to allow a home inspection by a KHS staff member? Yes No

If yes, what are the best times for you: _____

If it is decided by KHS that a foster animal has to be humanely euthanized for health or behavior reasons once the animal is back in the adoption system, do you want to be notified of this decision beforehand? Please note that we do our best to contact foster caregivers, however if we do not reach you in a timely fashion and the issue is urgent, KHS reserves the right to make this decision at any time.

_____ YES, I want to be contacted in this situation

_____ NO, I do not want to be contacted

Why are you interested in fostering with KHS?

Please list any concerns or questions you have about fostering so we can discuss them with you:

Please read the through these foster policies and initial to indicate you agreed to comply:

_____ I agree to comply with all local and state laws and ordinances relating to the care of domestic animals, and will not engage in any illegal activity with my foster animal.

_____ I understand that no foster animal is allowed outside unattended and unrestrained.

_____ I understand that no foster animal is allowed to be left unattended with children.

_____ I understand that the animal I am taking into foster care may not be housebroken and I am willing to train the animal and give it time to adjust to house/litter box breaking and crate training.

_____ I understand that the animal I am taking into foster care may not be used to living indoors and may scratch or soil my furniture or belongings.

_____ I understand that the shelter environment is very stressful and my foster animal may take some time to adjust to new situations, people and other animals in the home.

_____ I understand that there are no guarantees of the behavior, health, or disposition of my foster.

_____ I will use only positive reinforcement for training and will not use any kind of physical punishment regardless of behavior issues.

_____ I understand that all foster animals are to be kept separate from personal pets for 2 weeks.

_____ I understand that I am responsible for transporting the foster animal to the shelter for veterinary appointments and to Adoption Outreach Events when necessary.

_____ I understand that it is my responsibility to e-mail my Foster Mentor weekly to report on the condition and status of the foster animal.

_____ I understand that all veterinary visits and procedures happen at KHS.

_____ I understand that a foster animal cannot be adopted until they are spayed/neutered.

_____ I understand that a foster animal cannot be given away to a new home without the adopter coming to KHS to finalize all adoption paperwork.

_____ If I decide that I cannot follow through on my foster care commitment, I will give 24 hours notice and notify the Foster Care Coordinator; but if at any time I feel that my safety or the safety of my family or resident animals is at risk I can return my foster animal immediately.

Thank You!

Please submit this application to the Customer Service Desk at the Kitsap Humane Society, along with the waiver (on the next page). After we review your application, we'll **e-mail you** about the next steps to becoming a foster parent. **Be sure to check your spam folder.**

Kaitlin Hibbs, Foster Care Coordinator
360-692-6977, ext 1207

Kitsap Humane Society Volunteer Agreement

In signing the application, I understand and agree to the following:

- I agree to attend all required training classes. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training workshops. I understand that if I do not follow rules established by the Kitsap Humane Society, I may be subject to corrective action and/or termination from the Volunteer Program.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Workers Compensation Law. I authorize the Kitsap Humane Society to seek emergency medical treatment in case of accident, injury or illness. I agree to hold the Kitsap Humane Society, its employees, volunteers and officers harmless in all matters relating to my service as a volunteer, including but not limited to personal injury.
- I agree on behalf of myself, my heirs, personal representatives and executors to allow the Kitsap Humane Society to use any photographs or videotapes taken of me for use in public relations efforts.
- I understand that I am a representative of the Kitsap Humane Society and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, customers, volunteers, staff and animals of the Kitsap Humane Society both on and offsite, during and outside of volunteer hours. I understand that any disrespectful or misleading representation of the Kitsap Humane Society may be cause for immediate dismissal from the Volunteer Program.
- I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Kitsap Humane Society from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

Signature

Date

Print Name

FOR MINORS AND GUARDIANS

If under 18, parent or legal guardian must also sign.

I understand that if my child is under the age of 16, he/she will need to be accompanied by a parent or adult.

Parent/Guardian Signature

Date