

Kitsap Humane Society 9167 Dickey Rd NW Silverdale, WA 98383

WELCOME!

Dear Prospective Foster Caregiver,

Please fill out this questionnaire to begin the process of becoming a foster parent with KHS! We do not share information gathered in this application outside of KHS. **Please e-mail foster@kitsap-humane.org if you have any questions.**

Thank you for your interest, Holly Faccenda KHS Foster Manager

Foster Caregiver Questionnaire

Name (first and last):		
Date of Birth///	-	
Are you at least 18 years of age? If not, please specify your age: Volunteers ages 16 and 17 must have Coordinator for form.		\Box No oval from a parent or legal guardian; e-mail the Foster Care
How did you find out about KHS' Fo	ster Care Prog	ram?

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 pri		nmunication.
Please list the phone numbers at which we can read	ch you. Be sure to i	nclude your area code.
Home Phone Number:	Cell Phone Nur	mber:



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	0	0	0
Mom Cats with Unweaned Kittens	o	o	0
Kittens	o	0	0
Adult Dogs	o	o	0
Mom Dogs with Unweaned Pups	o	o	0
Puppies	o	0	0
Cage birds	o	0	0
Reptiles/Amphibians	o	o	0
Livestock	0	0	0
Pet Protection Program	o	o	0

Many times, the animals who need foster care have medical conditions or need behavior modification in order to ready them for adoption. This can include underweight animals, animals recovering from surgery, animals with treatable skin conditions, shy or fearful animals, elderly animals, animals in need of household manners training, and animals with more severe behavioral needs. You are not obligated to take on any foster animal you are not comfortable with, and fostering is completely at-will.

Are there any behaviors or medical concerns that you are absolutely not comfortable with in a foster animal? ______

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



For dogs only: Do you have a yard?

□ No □ Yes, unfenced □ Yes, fenced - fence type and height: _____

How do you plan to keep the dog contained?

Who do you live with?

Name	Age	Relationship to Applicant	

Are all members of v	our household	aware and supportive of	your interest in fostering	? 🗆 Yes	
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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 perso	nal 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 of 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

If it is decided by KHS that a foster animal needs 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:



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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 there are no guarantees of the behavior, health, or disposition of my foster.

_____ 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 will use only positive reinforcement for training and will not use any kind of physical punishment or fear-based training, regardless of the behavior issues.

_____ I understand that foster pets are to be kept separate from personal pets for 2 weeks, with the exception of adult dog fosters interacting with owned adult dogs.

_____ I understand that a foster animal cannot interact with other pets outside my home. For adult dogs, I understand that if I have other adult dogs in my home, I am required to bring my pets to KHS to do an introduction with the foster dog before I am permitted to bring that pet into my home. I understand that I am not permitted to take my foster dog to dog parks or have it meet other dogs that are not my own, including friends and neighbor's dogs.

_____ I understand that I am responsible for transporting the foster animal to the shelter for veterinary appointments and vaccine booster appointments when necessary.

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

_____ I understand that all veterinary visits and procedures happen at KHS and I am not permitted to take my KHS foster animal to an outside veterinary clinic.

_____ 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. I understand that I am not responsible for adopting out my foster animal and that if a friend or family member wishes to adopt my foster animal, the animal will not be placed on a Hold and all normal adoption processes and policies apply.

_____ If I decide that I cannot follow through on my foster care commitment, I will give 24 hours notice and notify the Foster Department; 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.



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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/	'Guard	ian	Signat	ture
· ar crity	00010		Signa.	

Date

Thank You!

Please submit this application to the Customer Service Desk at the Kitsap Humane Society or email it to <u>foster@kitsaphumane.org</u>. Please <u>don't forget to check your spam box</u> for our email accepting you into our foster program!