



Foster Care Application

Franklin County Humane Society
1041 Kentucky Avenue
Frankfort, KY 40601

****Franklin County Residents ONLY!****

Name _____

Address _____

City _____ State & Zip _____

Home # _____ Cell # _____

Work # _____ Email _____

Are you a resident of Franklin County? _____ For how long? _____

Do you own or rent your home? _____ If you rent, please provide your landlord's name and phone # (REQUIRED) _____

Do you currently have other animals? _____ How many? _____

Are all your animals spayed or neutered? _____

Please describe your other animals: (breed, gender, age)

Name and phone # of your veterinarian _____

Are you interested in fostering? (please circle):

Dogs Cats Puppies Kittens Nursing mothers & babies

Do you plan to keep the fostered animal indoors? ___ outdoors? ___ both? ___

Do you have a fenced-in yard? _____ If yes, type & height? _____

Do you have children? _____ How many? _____ Ages? _____

******FORM CONTINUES ON BACK!******

Foster Care Agreement

I, _____, agree to provide temporary foster care for the following animals _____ (and any animals fostered in the future) that have been left in the care of FCHS. I understand that the custody of the animal(s) will be TEMPORARY and that upon the request of FCHS, I will immediately return said animal(s) to the Franklin County Humane Society located at 1041 Kentucky Avenue, Frankfort, KY 40601.

- I will comply strictly with **ALL** instructions given by FCHS and will not alter from any instructions as to the care and maintenance of the animal(s) without first consulting with a representative of FCHS.
- I will provide the animal(s) with adequate and necessary food, water, shelter and veterinary care.
- I agree to properly supervise the animal(s) **AT ALL TIMES**. I will be physically present if/when the animal(s) is allowed outside, during which time the animal(s) will either be in a completely fenced-in area or leashed.
- I will comply with all laws and ordinances applicable to said animal(s) in the state of Kentucky, city of Frankfort and Franklin County.
- I agree that FCHS shall **NOT** be responsible for any damages caused or illnesses inflicted by the foster animal(s) to any person, animal or property.
- I give permission to any FCHS representative to enter my premises at any time with reasonable notice for the purpose of determining whether or not I am complying with this Agreement, and to remove said animal(s) if not satisfied with the care provided.
- I agree that anyone interested in adopting the fostered animal(s), including myself, **MUST** go through the standard adoption process at FCHS, and that I will return the animal(s) to FCHS to complete the adoption process.
- This agreement is **NONTRANSFERABLE** and if I am unable to continue to care for any fostered animal(s), I will **IMMEDIATELY** return them to FCHS.
- This agreement is signed freely and voluntarily.

Signature _____ **Date** _____

FCHS Representative_____

Date_____