



Foster Care Application
Franklin County Humane Society
1041 Kentucky Avenue
Frankfort, KY 40601

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

Name _____

Street Address _____

City _____ County _____ State & Zip _____

Home # _____ Cell # _____

Work # _____ Email _____

Are you 18 years or older? Yes No

Do you live with a parent or guardian? Yes No

Do you live in a: House Apartment Condo Mobile Home Other _____

Do you: Own Rent Other _____

Landlord's/Guardian's Name _____ Phone # _____

Do you have other pets? Yes No Dogs Cats Other (mark all that apply)

What breeds and gender? _____

Are they spayed/neutered? Yes No If no, which ones? _____

Current on vaccines? Yes No

Are there children living in your home? Yes No Ages: _____

Please indicate the type of animal you would like to foster (check all that apply):

<input type="checkbox"/>	Nursing cat & kittens	<input type="checkbox"/>	Nursing dog & puppies
<input type="checkbox"/>	Neonate kittens w/out mother (bottle-fed)	<input type="checkbox"/>	Neonate puppies w/out mother (bottle-fed)
<input type="checkbox"/>	Kittens 4-10 weeks old	<input type="checkbox"/>	Puppies 4-10 weeks old
<input type="checkbox"/>	Adult cat	<input type="checkbox"/>	Adult dog
<input type="checkbox"/>	Medical foster -- Cat or kitten	<input type="checkbox"/>	Medical foster -- Dog or puppy

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

Foster Care Agreement

I, _____, agree to provide TEMPORARY foster care for the assigned animal(s) and any animals that I may foster in the future that are the property of Franklin County Humane Society (FCHS). I understand that custody of the animal(s) does not grant me any right of ownership over the foster animal. Upon completion of the foster period, or at **ANY** time at the request of FCHS, I agree to return said animal(s) to FCHS. Furthermore:

- I will provide the animal(s) with a clean, safe and comfortable environment, which shall include adequate food, water, shelter, sanitation and appropriate care.
- I agree to follow all instructions given by FCHS staff or the FCHS Foster Coordinator related to the assigned animal(s) care.
- I agree to return the animal to FCHS for all routine veterinary care on the schedule specified by the shelter staff.
- I agree to promptly notify FCHS of any illness or health issues that arise and to strictly follow their instructions for treatment and follow-up care.
- I understand that I am responsible for the cost of any outside veterinary care for the animal, unless authorized in advance by FCHS.
- I agree to provide appropriate supervision of the animal(s) to ensure the safety and health of the animal. 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 understand that FCHS assumes no responsibility for any property damages or injury/illness caused by the foster animal(s) to any person or animal. Should any such injury/illness occur, I will immediately report it to FCHS.
- I understand that FCHS staff or representatives may request to enter my premises for the purpose of determining an animal's welfare. I understand I have the right to refuse this request but that doing so may result in the removal of any animal belonging to FCHS.
- I understand that I will be expected to return the animal(s) to FCHS so that potential adopter(s) may meet them. Anyone interested in adopting the animal(s), including myself, will go through the standard adoption process.
- This agreement is **NON-TRANSFERABLE**. If I am unable to continue to care for the animal(s), I will return them to FCHS.
- I agree to comply with all laws and ordinances applicable to said animal(s) in the state of Kentucky, the City of Frankfort and Franklin County.
- This agreement is signed freely and voluntarily.

Signature _____ **Date** _____

FCHS Representative _____ **Date** _____