



Franklin County Humane Society Inc.

18401 Virgil H. Goode Hwy. Rocky Mount, VA 24151
(540)489-3491 plannedpethoodrockymount.com

Foster Application

Today's Date: _____ Which animal(s) are you interested in? _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

How long at this address? _____ Home Phone _____ Cell _____

Email: _____ Employer: _____

Who will be responsible for the pet? _____ How many people are in your household? _____

Are there children in the household or that regularly visit the household? Yes No What ages? _____

Do you: own your house rent your house rent your apartment live with parents

If you rent, may we contact your landlord to verify that this pet will be allowed in your home? Yes No

Landlord's Name: _____ Phone: _____

Has anyone in the household been convicted of a felony/cruelty to animals? Yes No

Will your foster pet live: inside outside both Where will your pet sleep at night? _____

How many hours will the pet be left alone on an average day? _____

Where will your pet be kept when you are not at home? _____

Do you have a yard? Yes No Is it fenced? Yes No What kind of fence? _____

If no fence, how will you keep your dog/puppy safe when outdoors? _____

If you move what will you do with the pet? _____

What would you do if your pet becomes sick? _____

Does everyone in your household agree that you should foster this pet at this time? Yes No

Please list the pets you have owned: (continued on back of page):

Name: _____ Species: _____ Age: _____ Spayed/Neutered? Yes No

Is pet still living w/ you? Yes No If not, please explain: _____

Name: _____ Species: _____ Age: _____ Spayed/Neutered? Yes No



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Is pet still living w/ you? Yes No If not, please explain: _____

Name: _____ Species: _____ Age: _____ Spayed/Neutered? Yes No

Is pet still living w/ you? Yes No If not, please explain: _____

Have you ever taken a pet to a shelter or pound? Yes No Have you ever lost a pet? Yes No

Please list 2 references that we may contact to discuss your animal care and dedication (not relatives):

Veterinarian: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I give my permission for Franklin Co. Humane Society to contact the veterinary and personal references provided on this form, and I give my permission for these references to release any information they deem relevant to my fostering animals.

Foster Contract

Date _____ Name of Animal & FCHS # _____

Dog Cat Male Female Altered Age _____ Breed, color _____

I hereby acknowledge receiving from the Franklin County Humane Society Inc. the above described animal which I agree to care for humanely. I understand that the Franklin County Humane Society Inc may examine and make inquiry about said animal at any time and, if not satisfied with conditions, may repossess said animal. I promise to love and take care of my foster. This will include providing proper shelter, food, water and veterinary care.

Each foster states that he/she has not been convicted of a charge of or related to cruelty to animals and that no such charge is pending. I understand that the Franklin County Humane Society Inc. cannot guarantee the health, temperament, or training of the above described animal and hereby agree to release the Franklin County Humane Society Inc. from all liability once the animal is in my possession. I also agree that in the event I am unable to care for the animal, I will return it to the Humane Society. I guarantee that all of the above is true to the best of my knowledge and understand that falsifying information on this application could lead to denial of fostering.

VETERINARY EXPENSES: Due to limited funds, the FCHS cannot provide outside vet care for foster animals. We have a veterinarian who is available for any medical issues that arise. Our director is available for emergencies at the number to be given to you at the time of fostering.

TRANSFER OF ANIMALS: This is a contract between you and the FCHS. Animals cannot be transferred to the custody of any other person without the prior consent and permission of the FCHS.

ADOPTION: Foster parents are always encouraged to find prospective owners for their foster animals. Adopters must meet FCHS's guidelines and the adoption and custody must occur after the foster animals have been returned to the FCHS, shots have been given, they've been spayed or neutered and paperwork has been completed.

RETURN OF ANIMALS: By signing this application, understand that the animals that you foster for FCHS must be returned to FCHS on the scheduled return date unless other arrangements are made during the foster period.

Foster Signature

Date

Approved By: _____