

*Humane Society of Marion County*  
701 NW 14<sup>th</sup> RD. Ocala, FL 34478  
(352) 873-7387

***Foster Parent Application***

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Do you rent or own?  Rent  Own

If you rent, do you have landlord approval for animals?  Yes  No

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How Many People live in your home? \_\_\_\_\_ Do all adults know you plan to Foster?  Yes  No

How many children are in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

Please list the other animals in your home:

Name	Species	Age	Spayed/Neutered
------	---------	-----	-----------------


Who is your Veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

Are all of your animals current on their vaccinations?  Yes  No

Have you or anyone in your household been accused or charged with any behavior related to animal cruelty? If Yes, explain: \_\_\_\_\_

What types of animals would you be willing to foster: (check all who apply)

Pregnant Females/Nursing Mothers

Special Needs

Bottle feeders

Adult Animals

4-8 weeks old

Animals needing behavioral rehabilitation

How many hours per day are you away from home? \_\_\_\_\_

Where will the animal be kept when you are not home?

---

Do you have a fenced in yard?       Yes       No

Please describe the type/height of your fence: \_\_\_\_\_

Are you familiar with crate training?  Yes       No  
If yes, what are your feelings about it?

---

Are you able/willing to isolate a foster away from your other animals for a period of time?  
 Yes       No

Do you understand that many of the animals in our program have been rescued from other shelters or given to us by the public and may have had difficult previous lives as stray or neglected pets?  
 Yes       No

Do you understand that foster animals may require a great deal of love and attention to become good house companions?  Yes       No

Do you have reliable transportation to take the animal to adoption events or in to see our vet staff if there is a medical issue with the animal?       Yes       No

**PLEASE CONSIDER THE DECISION TO FOSTER CAREFULLY!  
THE HSMC HAS THE RIGHT TO REFUSE ANY FOSTER HOME FOR ANY REASON.**

*Humane Society of Marion County*  
*Foster Care Contract*

I, \_\_\_\_\_, ACCEPT THE RESPONSIBILITY OF FOSTERING ANIMALS FOR THE HUMANE SOCIETY OF MARION COUNTY. I AGREE TO THE FOLLOWING:

1. I AGREE TO FOLLOW ANY AND ALL GUIDELINES PROVIDED TO ME BY THE HUMANE SOCIETY OF MARION COUNTY.
2. I UNDERSTAND THAT THE FOSTER ANIMAL(S) SHALL REMAIN THE SOLE PROPERTY OF THE HUMANE SOCIETY OF MARION COUNTY.
3. I AGREE TO RETURN THE ANIMAL(S) AT THE REQUEST OF A HUMANE SOCIETY OF MARION COUNTY REPRESENTATIVE, OR IF I AM NO LONGER ABLE TO ADEQUATELY CARE FOR THEM.
4. I AGREE TO PROVIDE THE FOSTER ANIMAL(S) WITH LOVING CARE, INCLUDING BUT NOT LIMITED TO FOOD, WATER, SHELTER, COMPANIONSHIP, AND MEDICATION WHEN REQUIRED.
5. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE NO RIGHT OR AUTHORITY TO KEEP FOSTER PETS FOR MYSELF OR PLACE FOSTER PETS IN OTHER FOSTER HOMES OR OTHER HOMES.
6. I UNDERSTAND THE RISK TO MYSELF, MY FAMILY, MY PETS AND MY PROPERTY THAT IS INVOLVED IN FOSTERING AN ANIMAL IN MY HOME (IE, PROPERTY DAMAGE, CONTAGIOUS DISEASES OR POSSIBLE INJURY)
7. I AGREE NOT TO HOLD THE HUMANE SOCIETY OF MARION COUNTY LIABLE FOR ANY DIRECT OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS FOSTER CARE CONTRACT.

FOSTER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HSMC REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_