



6814 BROADWAY, GALVESTON, TX 77554
(409)740-1919

WWW.GALVESTONHUMANE.ORG

Foster Care Volunteer Application



Name (First): _____ (Middle): _____ (Last): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phones: _____ (hm/cell/wk) _____ (hm/cell/wk)
 TDL#: _____ DOB: _____ Email: _____

Do you: Own or Rent Is it a: House Apartment Townhouse/duplex Mobile Home
 Other: _____
 If you renting: Landlord's Name/Complex: _____ Phone: _____
 Fenced Yard? Yes No If Yes, Height _____
 Are there children living in or frequently visiting your home? Yes No
 If Yes, please list their ages: _____

Employment Information:

Occupation/Employer: _____ Length of Employment: _____
 Work Address: _____
 Work Phone Number: _____
 Do you work from home? Yes No Part time Full time
 If you work outside of your home, how many hours each day would your foster animals be unattended? _____

Becoming a Foster Volunteer

What experience do you have with animals (fostering, rescuing, volunteering, behavioral modification, training, medical, etc.)? _____

Please indicate which animals you are interested in fostering (check all that apply):

Dogs Cats Puppies Kittens
 Nursing mothers /bottle babies' Ill or injured animals Behavioral issues (i.e. socialization)

Can you provide basic care items such as food, formula and litter? Yes No
 Are you willing and able to give medications needed by mouth? Yes No

Describe the area where the foster animal(s) will be kept: _____

Personal Current Pet(s) Profile:

Please list all pets that are currently a part of your household.

Species	Breed	Age	Sex	Neutered/ Spayed?	Date/Type of Last Vaccines
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Current animal's medical records attached

Animal Clinic Name: _____ Phone number: _____

Please indicate any medical issues that the above pets have or had: _____

I (we) CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS APPLICATION. I understand that GIHS reserves the right to verify any and all information, including on-site inspection, reference check and that the GIHS reserves the right to refuse foster care responsibility to anyone. I (we) have given responsibility of foster care serious consideration and seriously want to foster. I (we) understand the animal will go back to the GIHS and I (we) will be notified when the animal will be ready for me to drop off at the shelter. 6814 Broadway, Galveston, TX 77550.

Volunteer Signature

Date



GALVESTON ISLAND HUMANE SOCIETY FOSTER PARENT AGREEMENT

The purpose of the foster care program is to expand the quality of care given to the animals that are sheltered at GIHS. The service you are providing by being a foster volunteer will be rewarding to you, and most importantly, for the pet. We at GIHS thank you for your time and effort.

It is important that you agree and follow the guidelines below. Failure to do so could result in your removal from the foster care program.

I agree to hold GIHS harmless from any direct or consequential damages arising out of this foster care agreement and to abide by the following conditions:

1. The GIHS retains all rights and ownership of any animal in the Foster Care Program. The GIHS has the right to recall any fostered animal to the shelter at any time.
2. The GIHS makes all decisions regarding animals to be placed in foster.
3. Foster Volunteer is at least 18 years of age or older. If living at home with parent or guardian, must have written consent from parent or guardian.
4. Foster Volunteer has completed foster orientation prior to caring for animals under the foster care program.
5. If Foster Volunteer lives in a rental property, written consent of landlord may be obtained.
6. Foster Volunteer agrees to provide food, water, shelter, and TLC to the foster animal and to follow all medical instructions.
7. Foster animals must be returned to the GIHS as soon as they are well, old enough for adoption or upon request By the GIHS.
8. Only authorized foster volunteers may care for foster animals. Foster animals must not be left under anyone else's care without authorization from the GIHS.
9. The GIHS is not liable for any injury, illness or damage to persons or property, including owned animals, while an animal is in the foster home. Foster volunteer understands that many viruses have an incubation period of 7-14 days, and further understands that such viruses may be contagious and may infect resident pets. Foster volunteer accepts that risk and the responsibility of treatment of resident pets if necessary, at own veterinarian and at own expense.
10. The GIHS may visit a foster home at any time providing that the foster volunteer is given prior notice. Prior notice is not required for the repossession of an animal when a foster volunteer fails to bring the animal back to the GIHS as requested.
11. Any and all adoptions of foster animals will be made through GIHS and are subject to the same guidelines as any other adoption.
12. Any outside inquiries on foster animals are to be directed to GIHS.
13. Foster Cats/Kittens must be kept indoors at all times.
14. All of the Foster Parents current pets are to be current on all of their required vaccinations.
15. Animals are matched to foster volunteers by the GIHS based on volunteer's experience, ability, and priority needs of animals.
16. GIHS will inform you of the estimate length of foster care term, but the time frame is subject to change based on the individual animal's needs.
17. Foster Volunteer agrees to return foster to GIHS for follow ups and appointments, generally every 2-3 weeks if a puppy or a kitten. Foster must be spayed or neutered at a GIHS veterinarian clinic before return to shelter for adoption. GIHS Foster Coordinator or Representative will set up appointment for spay or neuter of foster.
17. Fostered dogs must be kept indoor with outside access.
18. Foster animal with contagious disease must be kept way from other animals. Foster Volunteer must have the facilities (use of separate room) to isolate foster animal with contagious diseases.
19. Foster volunteers must contact the GIHS for all foster care needs and questions.

I have read and understand this agreement and conditions to the above terms for the GIHS Foster Care Program.

Volunteer Signature

Date

Volunteer Name (Print)

Galveston Island Humane Society Representative

Date



For Office Use Only

Reviewed By: _____

Notes: _____

Approved Denied

Scheduled F/C Orientation: _____

Scheduled Interview: _____

Reason for Denial: _____

Notified: _____