

FOSTER



Just two to eight weeks can save a life



Every day the San Antonio Humane Society is asked to help animals need. Most of these animals are able to be received and placed up for adoption immediately. However, for many this is not the case. Sometimes we are asked to take in a litter of puppies or kittens, abandoned without a mother and too young to survive on their own. Other times it's an adult who's been found injured and needs surgery and a safe place to heal. Either way these animals need the extra tender loving care that only a home environment can provide. That is where our true heroes, our volunteer foster families, step in. Every time one of our amazing foster families opens their hearts and home to one of these special animals, they are giving them the chance no one else would, the chance to become someone's lifetime companion.

There are a number of things you should consider and discuss with the rest of your family prior to fostering:

Will you have time to spend with your foster animals? Most of the animals needing foster care will be in great need of quality time and handling; you should spend at least one to two hours a day with your foster animal. Animals recovering from illnesses, injuries, or surgeries will require medication, physical therapy, and/or rehabilitation. You will also need to pay attention for signs of illness or worsening of symptoms. ***Imagine all the love.***

Do you own animals? Keep your foster animals isolated from your pet(s) for the first 10 days. We do our best to inform you of any known potential problems, but the majority of these animals come from unknown backgrounds. Keeping your foster animals in a separate room that has no carpet works best. All resident pets should be current on vaccinations. ***Imagine the rewards.***

Do you have time to clean up after your foster animals? Young animals are usually busy doing one of four things: eating, sleeping, playing, and peeing/pooping. They are messy! You will need to keep their environment clean, which could require several cleanings a day. ***Imagine all the wagging tails and kisses.***

Will you be emotionally prepared to return the animals back to the SAHS after the foster period is up? For some, this is the hardest thing to do. It's easy to become very attached to your foster animals. Be prepared for some tears, but know your effort has made this animal more suitable for adoption into a permanent home. ***Imagine the memories made.***

Think you're ready to be a foster family?

The SAHS provides our foster families with all the supplies they need, such as food, litter, beds, crates, toys, treats, etc. We also provide all medical care for the foster pet. All we ask the foster families to provide is time and love. Anywhere from two to eight weeks can truly save a life. ***Imagine all the lives you will save.***

Take the next step and apply to be a foster family!

Please fill out the application and our Foster Care Coordinator will contact you soon. Don't forget to ask about how you can receive community service hours for fostering. If you have any questions or concerns, please contact DeeDee Hernandez at (210) 226-7461 ext. 120 or foster@sahumane.org.

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Foster Care Application

Foster Parent's Information (please print)

Name: _____ Date of birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

(Please provide an email address as most foster communication is done by email.)

How many adults reside in your home? _____ Children: _____ Ages of Children: _____

Would anyone be home during the day? Yes No

Do any members of your household suffer from allergies? Yes No

What type of housing do you live in? House Townhouse Duplex Apartment Mobile Home

Do you: Own Rent Live with parents Other (Please describe) _____

Do you have a fenced yard? Yes No Have you fostered an animal before? Yes No

If yes, for which organization and how long ago? _____

Where will the foster animal(s) be kept when no one is home? Indoors Outdoors

Please describe: _____

Where will the foster animal sleep? Indoors Outdoors

Please describe: _____

Why do you want to foster an animal? _____

Are there any factors that might hinder your ability to foster animals that we should know about?

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Pet History

Do you have any pets at home currently? Yes No

If yes please complete the following:

Name of Pet	Breed	Age	Sex	Altered	Licensed

We will need to verify that all your animals are current on their vaccinations. Please provide your veterinarian's name and phone number so that we may contact them.

Name: _____ Phone Number: _____

Are your pet's medical records under your name? If not, please list the name under which the medical records are kept. _____

Do your pets get along with other animals? Yes No Sometimes

Have you had any other pets in the past five years? Yes No

If yes, please complete the following:

Breed	Age	Reason you no longer have the pet

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What types of animals are you interested in fostering?

Cats:	No!	Possibly	Definitely
Adult Cat(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Momma Cat and Kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orphaned Kittens (bottle fed, over 3 wks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orphaned kittens (not bottle fed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringworm (contagious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sarcoptic Mange (contagious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Respiratory Illness (contagious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malnourished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under socialized cat(s)/kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Cat(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs:	No!	Possibly	Definitely
Adult Dog(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Momma Dog and puppies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orphaned puppies (bottle fed, over 3 wks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orphaned puppies (not bottle fed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringworm (contagious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sarcoptic Mange (contagious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demodex Mange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Respiratory Illness (contagious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malnourished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under socialized dog(s)/puppies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Dog(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Dog(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Foster Care Agreement

Please read and initial:

_____ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies. I understand that my vet records will be requested.

_____ I agree to keep my pets separated from the foster animal(s) for at least 14 days. If the foster animal is incubating any diseases, this separation will minimize the chance of my own pets becoming ill.

_____ I agree to keep the foster animal(s) indoors, unless I'm advised I may do otherwise by the Foster Care Coordinator.

_____ I agree to never leave the foster animal(s) unattended while chained, tied, or leashed for any period of time.

_____ Should the animal become ill while in my care, I agree to call the Foster Care Coordinator immediately at (210) 643-8518 and follow any instructions I am given for the foster animal's further care, including bringing the animal(s) into the Humane Society or an emergency veterinary clinic for treatment.

_____ I agree to bring the foster animal(s) for their scheduled deworming and vaccination appointments.

_____ I fully understand that foster animal(s) are always the property of the San Antonio Humane Society. As such, I agree that any decisions made by the Foster Care Coordinator regarding their care and treatment will be followed by me, including their return.

_____ I agree to return the foster animal(s) as instructed. I agree to make an appointment in advance for the animals return.

_____ I understand that the San Antonio Humane Society is not responsible for any property damage or injuries that may occur while the foster animal(s) are in my care.

_____ The San Antonio Humane Society is held harmless should my own pets become ill from my foster animal(s). I further agree to be responsible for and to pay for any veterinary expenses incurred for my own animal(s).

Have you ever been convicted of a crime causing harm to a person or animal? Yes No

Excluding minor traffic violations, have you ever been convicted of any criminal offense? Yes No

Do you understand that fostering for the San Antonio Humane Society does **not** offer any preference when bringing in stray and/or injured animals into the shelter. You **must** still abide by the stated policies regarding intake of **any** animals to the San Antonio Humane Society. Yes No

I agree that all of the information I have provided herein is correct as written and I authorize the San Antonio Humane Society to verify any information. I also understand that a background check may be conducted before I can foster any animals.

Print Name

Date

Signature

Parent/Guardian Signature (Required for volunteers under 18 years of age and living at home)

Date



MEDIA LIABILITY PHOTO & VIDEO RELEASE FORM

I understand that the Department of Communication is an important aspect of the San Antonio Humane Society. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow SAHS to use any photographs and/or videos taken of me and/or information given by me, for use in public relations efforts (SAHS website, Facebook, Twitter, MySpace, YouTube, newsletters, brochures, flyers, etc.) as it is property of the SAHS.

DATE: _____

Printed Name:	Signature:

Photo Description