

Return Completed Application to:  
Geauga Humane Society ATTN: Andrea Giorgio  
PO Box 116  
Novelty, OH 44072  
Fax: 440.338.4855  
Email:shelterprograms@rescuevillage.org



Today's Date: \_\_\_\_\_

## Foster Home Application

Thank you for your interest in becoming a foster parent for Rescue Village. Foster homes save hundreds of lives every year!

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Best time to reach you by phone: \_\_\_\_\_

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

Emergency Contact Name & Phone #: \_\_\_\_\_

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How did you hear about Rescue Village's Foster Program? \_\_\_\_\_

Have you been a foster volunteer before? If yes, please describe your experience: \_\_\_\_\_

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Please describe your home. Is it a house? Apartment? Do you own or rent? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

How many adults reside in the home? \_\_\_\_\_ Are there children in the home? \_\_\_\_\_

If yes, what are the ages of the children? \_\_\_\_\_

Is everyone in the house in agreement to foster? \_\_\_\_\_

What amount of time are you able to foster for? (Circle)      One week      2-3 weeks      4 weeks or more

What pets currently reside in the home? \_\_\_\_\_

How are they with animals they do not know? \_\_\_\_\_

Are all of your pets up to date on vaccinations? \_\_\_\_\_ Are your pets spayed/neutered? \_\_\_\_\_

Will you be able to isolate foster animals from other pets? \_\_\_\_\_ If so, where: \_\_\_\_\_

Return Completed Application to:  
Geauga Humane Society ATTN: Erin Hawes  
PO Box 116  
Novelty, OH 44072  
Fax:440.338.4855  
E-mail: programs@geaugahumane.org

Today's Date: \_\_\_\_\_



Although each potential foster animal is given a health examination and is as current as possible on vaccinations and de-worming, as with any animal we cannot 100% guarantee their health and wellness. Do you and the members of your household understand that contagious illness (i.e. kennel cough, upper respiratory infection, intestinal parasites) may be part of your foster care experience? \_\_\_\_\_

Are you comfortable administering medications if needed? \_\_\_\_\_

Are you able/willing to bring the animal(s) back to the shelter for routine checkups & vaccinations? \_\_\_\_\_

*\*Note: All veterinary care for your foster animal(s) is provided by our veterinarians and is handled here at the shelter.*

What type of animals can you foster? (Circle)

DOGS CATS BOTH OTHER: \_\_\_\_\_

What kind of foster care are you interested in? (Circle all that apply)

Bottle Feeding Young-but can eat on their own Adolescents (4-8 months old) Adults (8months & older)

Moms with litter Animals recovering from injury/illness Shy/under-socialized animals Adoption Rover Program

Other: \_\_\_\_\_

What supplies are you able to provide for your foster animal? (Circle all that apply)

Food Litter Crate Bowls Toys Transportation Other: \_\_\_\_\_

What supplies will you need us to provide? \_\_\_\_\_

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Do you work/attend school? Full time? Part time? Or are you home during the day? Please describe your schedule: \_\_\_\_\_

How many hours a day would your foster animal(s) be alone? \_\_\_\_\_

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Would you object to a GHS representative coming to your home to check on a foster animal while in your care? \_\_\_\_\_

Do you understand that you or anyone interested in adopting your foster animal(s) must go through the standard adoption process and pay the standard adoption fee? \_\_\_\_\_ (All animals remain property of GHS until adoption is finalized.)

Please list foster limitations, if any, you would like us to know about: \_\_\_\_\_

Do you have any other questions, comment, concerns? \_\_\_\_\_

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**Geauga Humane Society's Rescue Village  
Foster Agreement**



I hereby acknowledge the following policies and agree to abide by them during the entire time I am fostering these animals. I will provide a safe, loving, humane environment with adequate food, water and shelter at all times. I will not declaw, crop ears, or crop tail(s) of foster pet(s). I will adhere to all state and local animal laws and all foster animals will wear a collar with identification. I will promptly notify GHS of any signs of illness, behavioral issues or concerns, an inability to continue foster, if the pet becomes lost, and/ or if the pet bites someone. I will keep animals securely contained at all times while in my care.

I understand that my role is solely a temporary home, and that the placement of any animals I foster will be conducted by Geauga Humane Society. GHS must review and approve potential adopters.

I acknowledge that I do not have any right or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals without prior authorization from GHS and completion of spay/neuter surgery. I also understand and agree that the final disposition of any animal(s) under this Foster Care Agreement is at the sole discretion of GHS.

Animals cannot be transferred to the custody of another person, shelter, humane society, or other entity without prior consent and permission of GHS. I agree not to place this pet in another home without the written or verbal authorization from GHS, whether it be temporary or permanent.

I will remember in all my dealings with the public as a foster volunteer that I represent GHS, and the public will consider my words and actions to be representative of the attitudes and positions of GHS as an organization. I understand that as an individual, I am not authorized to enter into any agreements for GHS.

I read and understand the GHS mission, and will not undertake any actions that could be considered inconsistent with the mission.

I understand that I am personally responsible for any and all financial expenses that I incur in my efforts to foster animals for GHS. I accept full responsibility for any expenses incurred by me that fall outside of approved expenditures. I will always remember that I represent a nonprofit organization and in no way can profit from any activity related to the organization.

I understand I assume all financial responsibility for the foster animal(s) if I take them to any veterinarian other than GHS.

I recognize that in handling the foster animal(s) there exists a risk of injury including physical harm caused by the animal(s). On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless Geauga Humane Society, its agents, servants, and employees from any and all claims, causes or action or demands, or any nature of cause connected with my Foster Care Agreement.

I understand that this form must be received, approved, and acknowledged by GHS before I may do any volunteer work for the organization, and that GHS reserves the right to refuse my application.

GHS reserves the right to reclaim the animals and I may be asked to leave the foster program if I am no longer able to support the mission of GHS, comply with the terms of this agreement, or provide proper care for the animals. Upon request of GHS, I will return the animal(s) to the shelter within 24 hours or less.

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to GHS Foster Care Program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_