



**Humane Society of North Iowa**  
**2700 South Birch Drive**  
**Mason City, Iowa 50401**  
**(641) 423-6241**



### Foster Care Application

The Humane Society of North Iowa appreciates the invaluable service foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Age Group: (Minimum 18 years of age) 18 – 25 \_\_\_\_\_ 26 – 45 \_\_\_\_\_ Over 45 \_\_\_\_\_

Do you have any medical conditions, limitations, allergies or fears? \_\_\_\_\_

Do you have pets in your household now? Yes No If yes, what type of animal(s) and how many do you have? \_\_\_\_\_

Are they spayed and neutered? \_\_\_\_\_

Are they current on vaccinations? \_\_\_\_\_

Are they tolerant of other animals? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Have you ever cared for: Young kittens? Yes No  
 Young puppies? Yes No  
 Pets requiring medication? Yes No

Do you have an area to confine foster pets? Yes No If yes, where? \_\_\_\_\_

Are you willing to foster: Underage kittens? Yes No  
 Underage puppies? Yes No  
 Medically recovering cats? Yes No  
 Medically recovering dogs? Yes No  
 Nursing mom and kittens? Yes No  
 Shy animals requiring socialization? Yes No

Do you live in: Apartment \_\_\_\_\_ House \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_  
 Dorm \_\_\_\_\_ With Parents \_\_\_\_\_ Other \_\_\_\_\_

Where you live, do you: Rent \_\_\_\_\_ or Own \_\_\_\_\_

If you rent, what is your landlord's name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

Do you work? Yes No If yes, how many hours per day are you gone? \_\_\_\_\_

Do you have children? Yes No If yes, what are their ages? \_\_\_\_\_

Is everyone in your family comfortable with the idea of providing foster care? \_\_\_\_\_

Are you willing to transport animals in your own vehicle, as needed? Yes No

Different animals need to be in foster care for different lengths of time. What do you feel would be the longest you would be willing to keep an animal in your home? \_\_\_\_\_

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process? (Referrals are welcome) Yes No

Do you agree to show animals in your care to perspective adopters, as arranged by the manager? Yes No

Can you accept the fact that some animals may not survive or may have to be humanely euthanized if they become seriously ill or display ill temperament? Yes No

I agree to allow the Humane Society of North Iowa to inspect my home to determine if I will be a good candidate for Foster Parenting. Yes No

Please list two references and their phone numbers:

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

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

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**As a foster parent for the Humane Society of North Iowa, I agree to abide by the Society's policies and procedures. I understand that although HSNi takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animal's health, behavior or actions. As a volunteer for HSNi, I acknowledge and understand that in working directly with animals as I desire, it may subject me to animal misbehavior such as biting, scratching, property damage, injury to my personal pets, or other injury to me. As a volunteer, I agree to assume these risks. Also, I agree to be responsible for any rabies, tetanus, or other diseases or maladies which may arise from my working with the animals at HSNi. I further understand that any vaccinations or treatments would be at my own expense. I hereby waive any and all claims against, and agree to hold harmless, the Humane Society of North Iowa, its Board of Directors, officers, agents, and employees, for any and all liability associated with and arising out of my services as a volunteer. I further agree foster pets must be returned to HSNi upon request.**

**I have reviewed and understood the terms of this Waiver. I have been afforded the opportunity to ask any questions, and my questions have been answered to my full satisfaction. I sign this waiver voluntarily and with full knowledge of its contents. I further agree foster pets must be returned to HSNi upon request.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

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For Staff Use Only: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Yes No Staff Name: \_\_\_\_\_

Comments: \_\_\_\_\_ Revised 2/10

