Charleston Animal Society 2455 Remount Road North Charleston, SC 29406 M: 843-747-4849



Foster Care Profile

| I AM INTERESTED IN PROVIDING FOSTER CARE FOR WELLNESS I | FOSTER OR ADOPTION AMBASSADOR (please check all that apply): |
|---|--|
| WELLNESS FOSTER MEDICAL FOSTER ADOPTION | AMBASSADOR 🖵 TEAM TINY HEARTS (bottle fed) 🖵 |
| Dogs: 🖵 Neonate Puppies without Mother 📮 Small Litter 🖵 Large Litt | er 🖵 Mother with Litter 🖵 Adult Dog |
| Cats: Neonate Kittens without Mother Small Litter Large Litter Other (describe): | |
| 1. PERSONAL INFORMATION (please print) | 3. SCHEDULING INFORMATION |
| Name | What days of the week would you prefer for foster rechecks? |
| Address | M_T_W_Th_F_SatAnd what time? AM_Noon_PM |
| City State Zip | _ |
| Home Phone () | 4. ANIMAL CARE INFORMATION |
| Work Phone () | Do you have pets of you own at this time? 🖵 Yes 🖵 No |
| Email | |
| Driver's License No. | Please list the pets you currently own (use back of sheet if needed) |
| Date of Birth (MM/DD/YYYY) | Species Breed Sex Age Spayed/Neutered? |
| 2. HOUSEHOLD INFORMATION | |
| Living Accommodations 🛛 Rent 🖵 Own Home 🖵 Other | |
| Landlord/Apt. Manager's Name/Phone # | Name/address of your present veterinarian |
| Does your lease allow pets? 🖸 Yes 🖵 No | Have you had pets before? |
| Describe the area where your foster animal(s) will be kept | Where did you hear about our Foster Care Program? |
| Do you have a fenced-in yard? 🖵 Yes 🗔 No | |

5. EMERGENCY CONTACT

Name:_____

Phone Number: (_____)___-

Foster Care Waiver & Information Sheet

Thank you for choosing to become a foster parent for the Charleston Animal Society. Foster homes play a vital role in helping us to save the lives of animals that need a little, or a lot, of extra help. We appreciate your time and devotion to our animals. You are helping to save lives.

The Charleston Animal Society will provide all veterinary care and any necessary medication for foster animals. Should emergency care be needed at times outside of our hours of operation, please follow the steps outlined in the Foster Manual. The cost of any veterinary care (including emergency care) sought by a foster parent for a foster animal will not be reimbursed by the Charleston Animal Society and will be the sole responsibility of the foster parent. Animals that come to Charleston Animal Society may need a period of foster care to gain weight for surgery or for another medical reason, some may have a medical condition that our veterinarians need to monitor over time, some may need socialization, or some may need foster for another reason. Each foster animal is examined by a veterinarian and treatment is prescribed. Please follow the prescribed treatment as directed by our veterinarians. Charleston Animal Society is not responsible for any disease transfer or harm done to any pets you may already have in your home.

Animals placed in foster care are still the property of the Charleston Animal Society unless and until they are adopted by a private citizen or released to a rescue organization. When appropriate, we strongly encourage the foster parent to actively work to secure an adoptive home for their foster while the animal is in their care. If the foster parent is able to secure an adoptive home for their foster to visit the Charleston Animal Society to complete an adoption survey.

Unless otherwise instructed, please call to schedule an appointment for a general health check every 2 weeks for a veterinary exam, weight check, deworming, and booster vaccinations. Fosters of bottle-fed neonates should return every 1 week for health checks. If you have questions about the health of your foster animals, please call during regular business hours, Mon-Fri 9-5 and Sat-Sun 10-5. On the weekend questions may be forwarded to our veterinarians if necessary, and emergencies will be addressed as they arise. If your foster animal has an emergency that occurs outside of the normal hours of operation, please call Emergency and After-hours phone number @ 843-270-9085, the Emergency and After-hours phone is a 24 hour assistance line. You may be directed to bring the animal(s) to the shelter or to an emergency vet clinic.

By signing below, I understand that the animals I am fostering are the property of the Charleston Animal Society. I understand that if I do not follow the guidelines explained above and set by the Charleston Animal Society, I may be required to return my foster animals immediately.

| Please print name: | |
|--------------------|--------|
| Signature: | |
| Telephone: | _Date: |