



2129 W. Chenango Ave. Littleton, CO 80120 – (303)703-2938 – www.hsspv.org

Foster Parent Application

Thank you for your interest in fostering for the Humane Society of the South Platte Valley! Animals may be in need of fostering for many different reasons such as health recovery, nursing kittens or puppies, help with socialization or elder hospice care. Please note you must be 18 years of age to participate in the program unsupervised. Please help us make the best fostering fit by completing the following information.

Name: _____ ("Foster Volunteer") Date: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Do any children live in or visit your household? Yes/No If yes, ages: _____

Do you currently have pets living in your home? Yes/No If yes, please list animal(s): _____

Are your animals spayed/neutered? Yes/No Can you provide proof of current vaccinations? Yes/No

How many hours are your pets left alone each day? _____ If you have cats, are they allowed outdoors? Yes/No

If you have dogs, where are they kept during the day and where do they sleep at night? _____

Will you keep your foster animals separate from your pets? Yes/No Do you have a dog door? Yes/No

Is your yard completely fenced? Yes/No If yes, what type of material is your fence and how tall is it: _____

Unfortunately, there are times foster animals have to be humanly euthanized. Decisions to euthanize animals are always very difficult, but sometimes necessary. Is this something you understand? Yes/No Comments: _____

Are you willing to have a Foster Representative visit your home? Yes/No

Are you able to transport your foster to adoption events, medical appointment or to meet potential adopters? Yes/No

Please circle the type of animal(s) you would consider fostering:

- Puppies:** Pregnant dog-whelping puppies Nursing mom with puppies
Orphaned puppies requiring bottle feeding (24 hours care)
- Kittens:** Pregnant cat-queening kittens Nursing mom with kittens
Orphaned kittens requiring bottle feeding (24 hour care)
- Adult Dogs:** Small breed Medium breed Large breed
Fearful, depressed Hospice Discipline problems
Health recovery Need socialization
- Adult cats:** Fearful, depressed FIV or FeLV positive
Heath recovery Hospice Need socialization

References:

Please list the names and contact information for 3 references *who routinely see you with your pets, do not live in your home and are not related to you.* Neighbors, friends, pet sitters, vets, etc.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

HSSPV will be conducting a home visit prior to approval for the program.

Foster Volunteer gives permission to The Humane Society of the South Platte Valley to verify any information given in this application. Foster Volunteer also understands that if Foster Volunteer does not abide by the specific foster policies and follow the direction of the Foster Care Coordinator, Foster Volunteer may risk termination of volunteer duties.

In consideration for being accepted as a volunteer, by signing below Foster Volunteer hereby agrees for Foster Volunteer, and Foster Volunteer's executors, administrators, heirs, next of kin, successors and assigns, to waive, release and forever discharge HSSPV, its officers, directors, agents, volunteers and employees, from all claims or demands of any nature whatsoever, including personal injury, sickness, death, property damage and expenses (including attorney's fees) which arise out of or relate to Foster Volunteer 's participation in fostering or any other activity Foster Volunteer engages in related to HSSPV.

By signing below, Foster Volunteer further agrees to indemnify and hold harmless HSSPV, its officers, directors, agents, volunteers and employees, from all claims or demands of any nature whatsoever (including attorney's fees) made by any third party which arise out of or relate to Foster Volunteer's participation in volunteer activities and/or any other activity Foster Volunteer engages in related to HSSPV.

Title to any foster pet remains with HSSPV until such time that HSSPV, in its sole discretion, legally transfers title of the foster pet to another individual or entity in writing.

Certain risks are involved in providing foster care. The Foster Volunteer shall indemnify, defend, and hold harmless HSSPV and its officers, directors, agents, volunteers, and employees from and against any and all liability, damage,

loss, cost, and expense incurred as a result of any injury or loss, including, without limitation, any bodily injury or property damage to the Foster Volunteer, Foster Volunteer’s family, or others while engaged in the performance of foster services. I also understand and agree that as a foster volunteer for HSSPV, I am a humane agency staff person pursuant to Colorado Revised Statutes §§18-9-204.5 and 13-21-124.

HSSPV is not liable for any claims, legal actions, losses, injuries, damages, costs, expenses, or liabilities whatsoever in connection with Foster Volunteer’s care of a foster pet, including, but not limited to, losses, injuries, damages, costs, expenses, or liabilities incurred by members of Foster Volunteer’s family, neighbors, or others that might enter Foster Volunteer’s home.

Foster Volunteer agrees, without protest, to reimburse HSSPV for all actual and reasonable expenses incurred by way of Foster Volunteer’s violation of any term or provision of this Agreement, including, but not limited to, arbitration costs, attorneys’ fees, and court costs.

This Agreement represents the complete understanding and entire agreement of the parties as to the subject matter contained herein, and may not be amended except by a writing executed by all of the parties. This Agreement shall be binding upon and inure to the benefit of the respective heirs, successors and assigns of each of the parties hereto.

In the event any one or more of the provisions of this Agreement is held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the validity of the remaining provisions hereof and thereof shall in no way be affected, prejudiced, or disturbed.

This Agreement contains the entire agreement and understanding of the parties with respect to the subject matter hereof, supersedes all prior agreements and understandings with respect thereto and cannot be modified, amended, waived or terminated, in whole or in part, except in writing signed by the all of the parties.

This Agreement is made pursuant to and governed by the laws of the State of Colorado.

Foster Volunteer acknowledges that the statements herein contained within Agreement are true to Foster Volunteer’s knowledge and further acknowledges that the representations herein made are material to HSSPV’s consideration of this Agreement and that HSSPV will rely on the truth of the statements made herein. If any information contained herein is deemed to be falsified by HSSPV, Foster Volunteer agrees to immediate surrender of the foster pet to HSSPV, at the sole expense of the Foster Volunteer.

By signing, you represent that you are 18 years of age and of sound mind. If you are under 18, a parent or legal guardian must sign this form as well.

Signature _____ Date _____

Printed Name _____

Please fill out the foster application, and return it to the shelter or email it to volunteer@hsspv.org!

Acknowledgement of Home Visit

HSSPV Representative _____ Date _____

Foster Volunteer _____ Date _____