



SAVE OUR STRAYS

Foster Application

All potential fosters homes are screened for suitable placement of animals. By submitting this application, you give permission for Save Our Strays Fort Bend to investigate and confirm the information provided. All forms become the property of Save Our Strays Fort Bend.

Please complete all applicable sections on all four pages. You can use Adobe Reader (a [free download](#)) to complete the form online.

Primary Foster's Name:		Foster's Age:					
Spouse/Partner's Name:		Spouse/Partner's Age:					
Foster's Occupation:		Foster's Employer Name and Address:					
Spouse/Partner's Occupation:		Spouse/Partner's Employer Name and Address:					
Foster's Work Phone:		Spouse/Partner's Work Phone:					
Foster's Home/Cell Phone:		Spouse/Partner's Cell Phone:					
Foster's Email Address:		Spouse/Partner's Email Address:					
Home Address:		Time at this address:	<table border="1"> <tr> <td></td> <td>Yrs</td> </tr> <tr> <td></td> <td>Mos</td> </tr> </table>		Yrs		Mos
	Yrs						
	Mos						

Please list below all other people (excluding you and your spouse/partner) that live in your home:

Name	Gender	Age (Yrs)	Relationship to You

Are the members of your household committed to becoming a foster family?	Yes		No		If not , please explain:
If you have children, will they any of them be responsible for caring for any foster animals?	Yes		No		If yes , please explain:
Is any member of your household allergic to dogs or cats?	Yes		No		If yes , please explain:
Are there any regular visitors to your home, human or animal?	Yes		No		If yes , please explain:



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Please indicate which type of home you have (select one):		House	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Condo/Townhouse	<input type="checkbox"/>	Trailer	<input type="checkbox"/>	
		If Other , please explain:								
Does your home have a yard?	Yes	<input type="checkbox"/>	If you have a yard, is it fenced?	Yes	<input type="checkbox"/>	If yes , fence type and height:				
	No	<input type="checkbox"/>		No	<input type="checkbox"/>					
Do you have a pool?	Yes	<input type="checkbox"/>	If yes , is the pool fenced off?	Yes	<input type="checkbox"/>	If yes , fence type and height:				
	No	<input type="checkbox"/>		No	<input type="checkbox"/>					
Does your home have a pet door?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does your yard have a covered patio or other shaded area?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you own your home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If not , please answer the following questions about your lease:					
Landlord/property company's name and telephone:										
Do you have permission from your landlord to have animals on the property?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any breed, weight or quantity restrictions for pets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes , please explain:					
Does your lease require a pet deposit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes , have you paid it?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently have any pets that live with you?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes , please list them below:		
Type (dog, cat, bird, etc)	Breed		Size (lbs)	Age (Years)	Gender	Neutered /Spayed?	Temperament with other animals?			
Are your pets current on their vaccinations and on regular heartworm prevention medications?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no , please explain:		
Have you owned pets in the past?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes , please list the most recent below:				
Type (dog, cat, bird, etc)	Breed		Size (lbs)	Age (Years)	Gender	Owned how long?	Where is the pet now?			
Who will be mostly responsible for the care of foster animal(s)?								How many hours a day will the animals(s) be left home alone?		



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Is anyone in your household home during the day?	Yes		No		If yes , who and for how long?	
Where will the animal(s) be kept when you're not at home?	Outside in Pen		Outside in Yard		Inside in Crate or Enclosed Area	Inside Free Roaming
Are you able to isolate the foster animals from your other pets, if necessary?	Yes		No		Where will the foster animal(s) sleep?	
Do you or your spouse/partner travel often?	Yes		No		If yes , how often?	
Who will take care of your foster animal(s) when you're out of town?						
Have you previously fostered cats or dogs?	Yes		If yes , for which organization, what type of animals did you foster and when?			
No						
If you have a preference in fostering dogs or cats, please specify which you prefer and why:						
If you have any limitations on the ages or breeds you are willing to foster, please explain:						
What do you expect to get out of the fostering process?						
Are you willing/able to commit to fostering an animal until is it adopted?					Yes	No
Do you understand that Save Our Strays Fort Bend is unable to project how long the animal may need to be fostered?					Yes	No
Do you agree that if you do find a possible permanent home for your foster animal, you will contact Save Our Strays Fort Bend so that we may contact the potential adopter?					Yes	No
Do you understand and agree that all potential adopters MUST go through Save Our Strays Fort Bend's adoption process and may not be placed solely by you?					Yes	No

Applicant's Oath:

I certify that the above information is true and correct to the best of my knowledge and understand that supplying false information may result in nullifying this application.

Foster's Signature

Date



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Release of Veterinary Records Authorization

(to be completed by potential fosters who have current or past pets):

Clinic Name:		Veterinarian Name:	
Clinic Address:		Clinic Telephone:	

I hereby give permission for the clinic and veterinarian named above to release medical information on any/all my animals treated at this clinic to Save our Strays Fort Bend.

Foster's Signature

Date

WE RESERVE THE RIGHT TO REFUSE PLACEMENT OF AN ANIMAL FOR ANY REASON!

FOR SAVE OUR STRAYS FORT BEND USE ONLY:			
Applicant's Driver's License #:			
SOSFB Volunteer:		Review Date:	
Results:	Approved	Declined	Comments:



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To be completed by both parties once the Foster Application has been approved:

HOLD HARMLESS/ INDEMNIFICATION

SAVE OUR STRAYS FORT BEND (AND ITS OFFICERS, BOARD OF DIRECTORS, VOLUNTEERS, AFFILIATED ENTITIES, AND/OR AGENTS) SHALL NOT BE LIABLE TO FOSTER ON ANY THEORY OF LEGAL LIABILITY INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF SAVE OUR STRAYS FORT BEND (AND/OR ITS OFFICERS, BOARD OF DIRECTORS, VOLUNTEERS AND/OR AGENTS), FOR ANY INJURY, DEATH OR DAMAGE DIRECTLY OR INDIRECTLY CAUSED BY PET. FOSTER DOES HEREBY RELEASE SAVE OUR STRAYS FORT BEND (AND ITS OFFICERS, BOARD OF DIRECTORS, VOLUNTEERS AND/OR AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, OBLIGATIONS, DEMANDS, OR CAUSES OF ACTION, KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, ARISING OUT OF OR RELATING IN ANY WAY TO PET OR SAVE OUR STRAYS FORT BEND'S RELEASE OF PET TO FOSTER. IT IS THE EXPRESSED INTENTION OF FOSTER AND SAVE OUR STRAYS FORT BEND THAT THE RELEASE PROVIDED FOR IN THIS PARAGRAPH IS DESIGNED AND INTENDED TO PROTECT SAVE OUR STRAYS FORT BEND (AND ITS OFFICERS, BOARD OF DIRECTORS, VOLUNTEERS, AND/OR AGENTS) FROM ANY PERSONAL INJURY CLAIMS BY FOSTER OR OTHERS AND FROM THE CONSEQUENCES OF ANY HARM, BEHAVIOR, OR OTHER ACTION BY PET, AND FROM THE CONSEQUENCES OF ANY ACT OR OMISSION OR NEGLIGENCE ON THE PART OF SAVE OUR STRAYS FORT BEND (AND ITS OFFICERS, BOARD OF DIRECTORS, VOLUNTEERS AND/OR AGENTS) IN OBTAINING CUSTODY OF PET, IN PROVIDING CARE FOR PET, IN TRAINING OR NOT TRAINING PET, OR IN FAILING TO PROVIDE TIMELY OR ADEQUATE WARNING TO ANY PERSON CONCERNING PET.

_____ FOSTER'S INITIALS

My signature below affirms that I have read and agree to all the above conditions:

SIGNED, this _____ day of _____, 20_____

SAVE OUR STRAYS FORT BEND

Signature of Foster

By: _____

Authorized Representative

Signature of Spouse/Partner