



How many hours a day would the pet be left alone? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

If the pet will be kept outside, please describe the shelter you will provide (farm animals only).

\_\_\_\_\_

What length of time are you able to foster a pet? \_\_\_\_\_

Are you able to bathe/groom the foster pet on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the foster pet should become ill, will you contact the Humane Society immediately?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Would you notify the Humane Society if the pet should become lost? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing and agreeable to returning the animal to the Humane Society when the necessary time period for fostering is reached? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should an animal expire at your home, do you agree to return the animal to the Humane Society?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

**Please list the type of pets you currently own:**

Type	Breed	Age	Sex	Spayed/Neutered?
_____	_____	_____	_____	Yes No (circle one)
_____	_____	_____	_____	Yes No (circle one)
_____	_____	_____	_____	Yes No (circle one)
_____	_____	_____	_____	Yes No (circle one)

Who is your pet(s) veterinarian? \_\_\_\_\_

If you do not currently have a pet, please describe your prior experience with companion animals.

\_\_\_\_\_  
\_\_\_\_\_

Is any member of your family allergic to pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

\_\_\_\_\_

**AFFIDAVIT: The above information is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DR LICENSE/ID #

\_\_\_\_\_  
DATE

\_\_\_\_\_

# WAIVER/RELEASE FOR FOSTERING PROGRAM

I understand that participation in the Fostering Program includes an element of risk for my family members, my own pets and/or myself.

I further assume any and all risks associated with the participation in the fostering Program including, but not limited to, illness or injury to my family members, my own pets and/or myself; all risks being understood and appreciated by me. I agree to abide by all guidelines set forth in the Fostering Program application completed and signed by me. Refusal to follow those guidelines could result in removal from the Fostering Program.

Having read this waiver and knowing these facts, and in consideration of the acceptance of my application, I hereby for myself, my heirs, executors, and/or administrators discharge the Humane Society of St. Lucie County, Members of the Board of Directors, Staff and Volunteers in any way assisting or connected with the Fostering Program, from any claims of liability of any kind whatsoever arising out of my participation in the Fostering Program even though liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

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SIGNATURE

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DATE

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WITNESS