

Love animals but can't make a commitment of 10+ years for another pet at this time? JOIN THE HSYC FOSTER PROGRAM

1/21/2011

Some of the animals that come to the HSYC need just a bit of extra time and care in someone's home before they can be put up for adoption.

We can help these animals find good homes - if we have a bit of help from you first!

Who?

- *Kittens and puppies that are a little or a lot too young*
- *Pregnant or nursing cats and dogs*
- *Cats and dogs with minor injuries or treatable illnesses*
- *Other animals in need of a bit more time*



Why?

Some animals have special needs that cannot be met at the shelter. Foster homes provide quarantine for vulnerable or contagious animals, give animals a home environment and one-on-one care.

What?

We urgently need responsible people to:

- *Keep one or more animals in your home for a short time.*
- *Provide all the care you would give a pet of your own.*
- *Our personnel & volunteers will work with you to decide who you can help best, and will be a phone call away if you have questions or need advice.*

How?

- *In the coming months, we will be offering a HSYC fostering class to "certify" you as a foster family/parent.*

Please email myshermancat@yahoo.com to learn more, or if you think fostering may be for you! Or stop in the HSYC shelter and ask for a FOSTER APPLICATION.



Humane Society of York County
2036 Carolina Place Fort Mill, SC 29708
www.Humanesocietyofyorkcounty.org
(803) 802-0902

FOSTER APPLICATION 1/21/2011

The primary goal of the foster family program is to save as many lives as possible. To be a foster family you must love animals unconditionally. All a foster pet needs is love, food, water, baths and in the case of dogs, regular walks. In certain cases, a foster pet may require additional care through medical treatments or assistance.

The animals that require a foster home are generally pregnant cats, female cats with their newborn kittens, kittens or puppies that are too young to be placed up for adoption, and animals that are old and/or are undergoing treatment.

There are many advantages of joining this program. You are able to choose which category of animal in need you will foster. You are also able to decide how often you will foster an animal. It is also possible for you to adopt an animal that you foster by going through the HSYC's regular adoption process.

When an animal is in need of a foster home, we select a matching foster family that is available to take the animal. Our goal is to find the animal a foster home as quickly as possible in order to protect it from catching a virus at the shelter. When an animal is healthy and strong enough, it will be returned to the shelter to be put up for adoption.

Name _____ **Date** _____

Address _____

City, State & Zip Code _____

Phone (C) _____ **(H)** _____ **(W)** _____

Email Address _____

Are you 18 years or older? Yes No

Do you have experience with animals? Yes No

Have you fostered before Yes No

Are you prepared to spend the required time to provide daily care for your foster animal(s) including feeding, washing, exercising & giving medical treatment if necessary? Yes No

Do you OWN RENT your home? If rent, are pets permitted? Yes No

Number of adults in household? _____ Children? _____ Ages of children _____

Can the HSYC do a home inspection/visit? Yes No

Current Pets:

Pet Type	Age	Sex	Spayed/Neutered YES / NO	Current on Vaccines? YES /NO

Animals you would be interested in fostering (Please check all willing)

- Dogs > small medium large
- Cats
- Puppies
- Kittens
- Unweaned (Bottle Feeds) > Puppies Kittens
- Nursing mothers > Dogs Cats
- Pregnant mothers > Dogs Cats
- Sick Cats/Kittens
- Sick Dogs/Puppies
- Heart Worm Positive Dogs recovering from treatment (generally 8 weeks)
- Special needs (blind, deaf)

Do all the people living with you consent to your decision to foster? Yes No

Who will be responsible for the animals' care? _____

Does anyone in your family have pet allergies or asthma? Yes No

Do you work: FULL TIME PART TIME AT HOME

How many hours per day would the animal be left alone? _____

Do you know how to administer medications (pills/liquid) to a animal? Yes No

Do you have a car? Yes No If yes, would you be willing to help transport animals to the HSYC for vaccinations\checkups? Yes No

Where will the animal be housed during the day? _____

Are you able to keep your pets separate from foster pets? Yes No

Yard Size? Small Medium Large Fully fenced? Yes No

Type of fencing: _____ Height of fence at its lowest point? _____

Are you willing to attend a training class prior to fostering? Yes No

FOSTER PARENT CONTRACT

The Humane Society of York County supplies a foster care program for animals that are not immediately adoptable. I understand fully that this animal(s) is\are temporarily in my care and belong exclusively to the HSYC. I further understand that the purpose of this foster relationship is solely to provide care for this\these animal(s). Any determination made about this animal(s) must be approved by a designated HSYC representative within the organization.

I understand that when the animal(s) is ready to be available for adoption, I will bring it back to the HSYC for placement (all animals fostered by foster parents are the property of the HSYC and will remain so until adopted). Any and all placements will be made through the HSYC and are subject to the same guidelines as any other adoption, and all fees apply. Foster parents are encouraged to assist in the placement process of their foster animal(s). If you have any questions, please contact the HSYC Foster Care Coordinator.

I have attended the foster care orientation, and have read and understand the Foster Care Program guidelines and agree to the policies and procedures of the HSYC while I have a foster animal in my care. NOT FOLLOWING THE POLICIES OR PROCEDURES MAY RESULT IN DISCONTINUED PARTICIPATION IN THE HSYC FOSTER CARE PROGRAM.

Signature _____ **Date** _____

Print full name _____

Attended training class prior to fostering: Yes No Date _____

CERTIFIED Yes No Date _____

HSYC Foster Care Coordinator: _____ Date _____

HSYC Manager or Director initials _____ Date _____

Notes _____
