



BULVERDE AREA HUMANE SOCIETY

3563 Kingsnake Road

P.O. Box 50

Bulverde, Texas 78163

(830) 980-2247 Email: BAHShelter@yahoo.com www.BulverdeShelter.com

FOSTER CARE APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ DRIVER'S LICENSE #: _____

AGE: _____ EMAIL ADDRESS: _____

REASON FOR WANTING TO VOLUNTEER AS A FOSTER PARENT/FAMILY: _____

DO YOU LIVE IN A HOUSE, OR AN APARTMENT: _____

NUMBER OF RESIDENTS IN YOUR HOME: _____ AGES OF CHILDREN: _____

NUMBER OF PETS YOU CURRENTLY HAVE: DOGS _____ CATS _____ OTHER _____

DOG FOSTERS, IS YARD FENCED?: Yes ___ No ___ HEIGHT OF FENCE: _____ FENCING MATERIAL: _____

ARE YOUR PETS CURRENT ON THEIR VACCINATIONS: _____

NAME AND PHONE NUMBER OF THE VETERINARIAN YOU TAKE YOUR PETS TO FOR TREATMENT: _____

WHAT TYPE OF PETS WOULD YOU BE WILLING TO FOSTER?:

- | | |
|--|---|
| <input type="checkbox"/> Kittens | <input type="checkbox"/> Puppies |
| <input type="checkbox"/> Mother cat with Kittens | <input type="checkbox"/> Mother dog with puppies |
| <input type="checkbox"/> Animals with Temporary Injuries | <input type="checkbox"/> Other animals in need of loving care |
| <input type="checkbox"/> Animals on medications | |

WHERE WOULD YOU HOUSE THE FOSTER PETS?: _____

WOULD YOU BE WILLING TO BOTTLE FEED YOUR FOSTER PETS?: _____

(Foster newborns less than 4 weeks old without a mother require bottle-feeding)

HOW LONG WOULD YOU BE WILLING TO BE A FOSTER PARENT/FAMILY FOR? _____

HOW MANY HOURS A DAY WOULD THE FOSTER PETS BE LEFT ALONE DURING THE DAY? _____

*Thank you for your interest in the Bulverde Area Humane Society Foster Program.
Our Foster Care Coordinator will review your application and contact you by phone.*

Revised August 2019

Addendum to Foster Care Application – please initial and sign

By becoming a foster care parent, I agree to the following terms and conditions:

1. ____ I will treat my foster care animal with love and respect at all times.

2. ____ I will keep my BAHS contact representative advised, on a weekly basis, the status of my foster care animal. These updates can be by email, phone or text and can be as short or as long as I like. It is understood that videos and photos can also be sent and are encouraged.

3. ____ I will contact my BAHS representative immediately of any change in the health condition of my foster care animal. If emergency care is needed, approval should be obtained from the BAHS representative before proceeding. I understand that BAHS has certain veterinarians that work with the Shelter, and the animal should be taken to a Shelter veterinarian if at all possible. If the foster care animal is taken to my personal veterinarian and any medicine purchased without prior approval, BAHS will not reimburse the expenses.

4. ____ If applicable, should problems arise with the administration of medications or other medical treatments to be provided by me, I agree to contact by BAHS representative immediately for additional instructions or advice.

5. ____ I understand that should my foster care animal escape from my control, either at my home or otherwise, I will immediately contact my BAHS representative and advise her of the situation.

6. ____ In the unfortunate event a foster care animal should die in my care, I agree to notify BAHS immediately and humanely contain the animal until such time as it can be returned to the Shelter or be picked up by a Shelter representative.

7. ____ For the protection of my own animal(s) and my BAHS foster care animal(s), I agree to contain and house my foster care animal(s) in a separate area in my home away from my own animal(s). I understand that a foster care animal could bring into my house an illness or disease that might be contagious to my own animals and therefore the need to keep them separated is essential. I understand there is also a potential for injury should the two interact and so is another reason for keeping them separated. In the event injury or illness should occur between my animal(s) and the BAHS foster care animal(s), I understand and agree that BAHS will not be responsible for any veterinary and/or medical expenses that I might incur on behalf of my animal(s) as a result of the incident.

8. ____ It is understood and agreed that BAHS is not responsible for any damage to my personal property caused by my foster care animal(s). I also understand BAHS is not responsible for any physical injuries caused by my foster care animal(s).

9. ____ I understand that my foster care animal is the property of BAHS and is owned by BAHS and that I am the caregiver for the animal for a limited time only. If at any time it should be deemed by BAHS that the animal needs to be returned, I will return it immediately.

10. ____ I will keep my contact information current with BAHS at all times so that my BAHS representative can contact if necessary.

DATED _____
