

**Nassau Humane Society
Foster Program Application**

Nassau Humane Society
639 Airport Road
Fernandina Beach, FL 32034
Phone 904-321-1647
Fax 904-491-8411

NHS Foster Application

Thank you for applying to be a Foster Parent with Nassau Humane Society (NHS). Please complete this profile in its entirety. The information provided in your profile will enable us to find the most satisfying animal(s) and experience for you. Thank you for your interest in becoming a Foster Parent for NHS.

PERSONAL DATA

Name: _____

Street Address: _____

Street City State Zip

Mailing Address, if different: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Driver's License #: _____

How many days/hours do you work? ____ May we contact you at work? __Yes __No

What is the best time to reach you? ____

Do you live in a(n): Apartment Mobile Home Condo House

Do you: Own Rent

Do you have a fenced in yard? Y N

If you rent:

Does your lease allow pets? Y N

Who is your landlord? _____

List any additional people your foster animal will be living with:

Name: _____ Age _____ Relationship _____

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Name: _____ Age _____ Relationship _____

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Does anyone in your household have any known allergies to animals? Y N

PETS IN YOUR HOUSEHOLD

List any pets you have currently in your household:

Name: _____ Age _____ Species _____

Name: _____ Age _____ Species _____

Name: _____ Age _____ Species _____

Name: _____ Age _____ Species _____

Who is your regular veterinarian? _____

Are you able to keep foster animals separate from your animals? Y N

Are all your pets currently vaccinated? Y N

FOSTER INFORMATION

What kinds of animal(s) are you interested in fostering? (Check all that apply)

CATS:

___ Cats ___ Kittens ___ Litter of Kittens ___ Nursing Mothers

___ Sick Injured ___ Cats & Kittens with behavior issues

Would you be able to feed “bottle babies” throughout the day? Y N

DOGS:

___ Small Dogs ___ Large Dogs ___ Puppies ___ Litter of Puppies

___ Sick Injured ___ Dogs & Puppies with behavior issues

How many animals can you foster at a time? _

What is the average length of time you would be willing to foster for?

___ 1 Week ___ 2 weeks ___ 3 Weeks as long as needed

How much time can you devote to foster care daily? _____

Are there any dates that you will not be able to foster? _____

SCHEDULING INFORMATION

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Are you available Monday thru Sunday from 9am to 5pm for:

Appointments with our medical staff? Y N

Weekly phone check-ins? Y N

Appointments with potential adopters? Y N

Check any supplies that you are able to provide for the foster animal while it is under your care; (remember that supplies you provide are tax-deductible due to our non-profit status)

___ Dry Food ___ Crate/Kennel ___ Litter (non-clumping)

___ Canned Food ___ Bedding ___ Litter Box

___ Food Bowls ___ Toys ___ Towels

___ Water Bowls ___ Collar & Leash ___ Newspapers

WAIVER & RELEASE

I understand that the handling of animals and other Foster activities on behalf of Nassau Humane Society (NHS) may place me in a hazardous situation and could result in injury to me or my personal property. I release NHS and all of its employees, agents, and board members, from liability of any nature, whether or not the basis of such liability is presently known to either party. It is understood by the parties to this agreement that I/we will not bring suit or any claims against NHS its employees, agents, board members, or pet owners. This agreement shall be binding on all parties, their heirs, and assigns.

Understanding public relations is an important part of a Foster Parent's activities on behalf of NHS. I hereby authorize NHS to use any photographs of me in its possession for public relations purpose. I ask that NHS use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purpose.

I hereby agree to accept a position as a foster parent for NHS, and in so doing, I agree to comply with all of the rules and I understand that failure to do so may result in my immediate termination as a foster parent.

FOSTER CARE AGREEMENT

1. I agree that the animal(s) I care for legally belongs to Nassau Humane Society (NHS)
2. I agree to return the animal(s) to NHS if the shelter requests or if I am no longer able to care for the animal.
3. I will notify NHS in the event that a change occurs in my address, telephone number, or the health of the animal.
4. I understand and acknowledge that I do not have any right or authority to keep the foster animal(s) or place foster animal(s) with other individuals unless permission is given by NHS Shelter Director.

