



**Humane Society of  
Independence County**  
P O Box 3477  
Batesville, Arkansas 72503  
**(870) 793-0090**  
**HSIC.fosters@gmail.com**

**FOSTER CARE APPLICATION**

**PERSONAL DATA**

NAME \_\_\_\_\_  
ADDRESS (Physical) \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_ (Include a copy of your driver's license)  
EMAIL \_\_\_\_\_

- I own my home. There are no local ordinances preventing me from bringing cats or dogs into my home.
- I rent my home and am permitted to bring an animal or animals into my dwelling.

\_\_\_\_\_  
Landlord's Name Phone  
\_\_\_\_\_  
Address City State Zip

Do you have a securely fenced in yard?  Yes  No  
How many adults in household? \_\_\_\_\_ Children? \_\_\_\_\_ Ages? \_\_\_\_\_

**PERSONAL REFERENCES (Please, no immediate family member or current household resident. HSIC does contact references, so tell them to expect a call from an HSIC representative.)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ LENGTH OF ACQUAINTANCE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ LENGTH OF ACQUAINTANCE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_

**PERSONAL PET INFORMATION (Please make separate entries for each animal currently in residence)**

• I have \_\_\_\_\_ animals currently in my home.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIES (dog, cat, etc) \_\_\_\_\_

BREED (for dogs only) \_\_\_\_\_ GENDER \_\_\_\_\_

Spayed/Neutered  Yes  No

What immunizations has your pet had, along with respective dates? \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIES (dog, cat, etc) \_\_\_\_\_

BREED (for dogs only) \_\_\_\_\_ GENDER \_\_\_\_\_

Spayed/Neutered  Yes  No

What immunizations has your pet had, along with respective dates? \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SPECIES (dog, cat, etc) \_\_\_\_\_

BREED (for dogs only) \_\_\_\_\_ GENDER \_\_\_\_\_

Spayed/Neutered  Yes  No

What immunizations has your pet had, along with respective dates? \_\_\_\_\_

NAME OF VETERINARIAN \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**I hereby authorize the above-identified veterinarian to release records to HSIC.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOSTER INFORMATION**

What kind of animal(s) are you prepared to foster?

- Mother cat with kittens  Mother dog with puppies  Litter of orphaned kittens  
 Litter of orphaned puppies  Kitten  Cat  Puppy  Dog

Do you have any experience training and working with dogs or cats?

Yes  No Describe \_\_\_\_\_

**By signing, I affirm that:**

- I am 21 years of age or over and the information contained on this form is true to the best of my knowledge. I make this statement under penalty of perjury under the laws of the state of Arkansas.
- I give permission to Humane Society of Independence County to verify any of the information given, which includes contacting personal references and veterinarian.
- I give permission to Humane Society of Independence County for a Shelter representative to visit my home for a home inspection before my foster application is approved, as well as during my foster time.
- I have read and understand the "Foster Care Agreement", which is a separate document from this "Foster Care Application".
- I understand that I could be required to provide foster care to my foster animal(s) for an extended or indefinite period of time. I agree that that period covered by this agreement is the entire time during which I have custody of my foster animal.
- I understand that the foster care coordinators may approve or deny my acceptance into this program based on this or other information.

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**Foster Applicant Signature**

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**Date**



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**Foster Care Agreement**

Foster Animal I.D. \_\_\_\_\_

Name of Foster Applicant \_\_\_\_\_

Contained herein is a Foster Care Agreement that is entered into by the Humane Society of Independence County, including all employees, herein referred to as Shelter/Foster Coordinator, and the Foster Parent(s). This document is a separate document from the Foster Care Application and must be filled out every time an animal is fostered out by said foster and for each animal individually.

- I understand that I am financially responsible for all proper and routine veterinary care, if not brought to the Shelter, including, but not limited to vaccinations and dewormer.
- I agree that if other veterinary arrangements are considered, I will obtain approval from the Shelter/Foster Coordinator before the appointment is made. I also agree to provide documentation to the Shelter/Foster Coordinator within 2 business days.
- I understand that while the animal is in my care, I am responsible for any and all purchases made for the benefit of the foster animal, including but not limited, bedding, bottles and formula, unless approved in advance by the Shelter/Foster Coordinator.
- I understand that the Shelter provides no guarantee as to the health of my foster animals and that my foster animal may have significant medical needs, socialization problems, and may not be housebroken.
- I will not arrange, pay for, or otherwise cause, the sterilization (spay or neuter) of my foster animal while it is in my care, without express written consent of an authorized Shelter representative or his/her designate.
- I will not arrange, pay for, or otherwise cause, any elective veterinary procedure to be performed on my foster animal while in my care, without express written consent of an authorized Shelter representative or his/her designate.
- I understand that I only have my foster animal temporarily.
- I agree that I am fostering this animal for the Shelter and that I do not have any right of ownership over my foster animal. I further agree that the Shelter rights in and to my foster animal are superior to mine.
- I agree to immediately return my foster animal at the request of the authorized Shelter representative or his/her designate, at any time and for any reason. If the Shelter is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify Shelter for any and all court costs and attorney fees connected with such an action.
- If I am planning to move at any time during the period covered by this agreement, I agree to contact the Shelter/Foster Coordinator or other authorized Shelter representative prior to my move, with new contact information. I understand that the Shelter has the right to request the return of my foster animal to the Shelter immediately upon request.

- I understand that because the provisions of this agreement are legally binding, any violation of this agreement could result in legal liabilities for myself and the Shelter.
- If at any point I can no longer, or do not want to continue to provide care, shelter or veterinary care for my foster animal, I agree to contact the Shelter/Foster Coordinator, authorized Shelter representative, or his/her designate, and arrange for surrender and return of my foster animal back to the Shelter. Upon its return, I agree to fill out a surrender form.
- I will not transfer possession or custody of my foster animal to any other person at any time, except for temporary, short-term possession for the purpose of veterinary care, grooming, etc.
- I agree to contact the Shelter/Foster Coordinator or authorized Shelter representative with any and all questions or concerns about my foster animal or the fostering program, as well as with updated contact information, should that change from what is contained in this application. I also agree to contact the Shelter with health updates.
- I agree that if I refuse to comply with any provision of this agreement, the Shelter has the right to terminate this agreement and also has the right to immediate surrender and return of my foster animal and any other animals for whom I am providing foster care for the Shelter. I further consent to provide the Shelter with access to my premises if necessary to facilitate the return.

I, \_\_\_\_\_ agree to everything stated above and understand that by signing this Agreement, I am agreeing to take the animal to my home to be fostered on this the \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Foster \_\_\_\_\_  
Date

\_\_\_\_\_  
Shelter Foster Coordinator \_\_\_\_\_  
Date

Animal I.D. \_\_\_\_\_ was transferred into foster care on \_\_\_\_\_, 201\_\_.