



Palmetto Animal League
P.O. Box 539
Bluffton, SC 29910
843-645-1725
www.palmettoanimalleague.org

FOSTER CARE APPLICATION
TERMS AND CONDITIONS

For Staff Use Only:

Approved: Yes No

Staff Signature: _____

Comments: _____

Date: _____

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

NAME: _____ EMAIL: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

Type(s) of animals you are interested in fostering:

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Adult Dogs | <input type="checkbox"/> Adult Cats | <input type="checkbox"/> Sick or Injured Animals | <input type="checkbox"/> Kittens |
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Pregnant Mother | <input type="checkbox"/> Neonatal Kittens (Bottle Fed) | |
| <input type="checkbox"/> Mother & Kittens | <input type="checkbox"/> Mother & Puppies | | |

Have you fostered animals before? Yes No

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If no, what experiences have you had with animals that would be helpful in fostering? _____

Do you live in a: _____ House _____ Apartment _____ Condo _____ Other (_____)

Do you have a fenced yard? _____ Yes _____ No

If yes, what height is it? _____

Are there any children in your household? _____ Yes _____ No

If yes, what are their ages? _____

Do any members of your household of allergies? _____ Yes _____ No

Will you be able to keep the foster animals separate from your own for a minimum of 7 days or longer if necessary?

_____ Yes _____ No

Where do you plan to keep your foster animal(s)? _____

Do you currently have any pets in your household? _____ Yes _____ No

If yes, please complete the following:

CATS, how many? _____ Are they all altered? _____ Yes _____ No

Are they current on their vaccinations? _____ Yes _____ No Are they indoor _____ outdoor _____ both _____

DOGS, how many? _____

Breed: _____ Age: _____ Neutered/Spayed: _____ Date Of Last Vaccination: _____

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Tell us more about the animals currently in your home. Do they get along well with other cats and dogs?

Name of Veterinarian: _____

Can you accept the fact that some animals will not survive? _____ Yes _____ No

Do you understand that the animals must be returned to PAL and that anyone interested in adopting your foster animals must go through the standard adoption process, and approval of candidates and placement of animals is up to the PAL staff? _____ Yes _____ No

What amount of time could you foster? (Please circle all that apply)

One Week 2 - 3 Weeks 4 Weeks or more

List any foster limitations, if any, you would like us to know about?

Please provide three personal references (name and phone number):

1. _____
2. _____
3. _____

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TERMS AND CONDITIONS FOR FOSTER CARE

- I agree to provide the animal(s) good loving care, including the proper food and adequate amounts of water. I also understand that I must provide adequate shelter that is properly cleaned and has adequate space for the animal(s) depending on its age, size, species and weight.
- I understand that medicines and other supplies provided by Palmetto Animal League (hereinafter referred to as "PAL") are for the use with foster care animals only, and are not to be administered to animals that are not the property of PAL.
- I understand all veterinary cost must be authorized in advance by PAL. I agree to personally incur the cost for any treatment that has not been so authorized.
- I agree to provide safe transportation to veterinary care, when needed, to prevent suffering or disease transmission.
- I agree to provide the appropriate staff members at PAL with the necessary information and materials at any time (such as fecal samples or temperature/weight measurements) to enhance the care I am providing to the foster animal(s).
- I agree that every animal I provide foster care for must be physically returned to PAL at any time upon the request of PAL. I also agree to return the animals(s) immediately if I am no longer able to provide adequate care.
- I acknowledge that PAL may terminate this or any other foster care arrangement at any time in its sole discretion.
- I certify that no person residing in the household where the animals will be fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment.
- I agree to hold PAL harmless from any direct or consequential damages arising out of this foster care arrangement.

I certify that the above information is correct to the best of my knowledge. I also agree to follow all the Terms and Conditions, as set forth above, of Palmetto Animal League.

Signature _____

Date _____