



**HUMANE SOCIETY**  
CENTRAL TEXAS

# FOSTER CARE APPLICATION

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. **Failure to complete ANY portion of this application will result in you being denied for the Foster Care Program.**

Name:			
Address:			
Phone #	Daytime:	Evenings:	
E-mail:	Drivers License #:		
Alternate Contact			

*Can you accept the fact that some animals have the possibility to get sick not be able survive.*  Yes  No

*Animals in your care may have to be euthanized and that this decision is up to the Humane Society of Central Texas (HSCT) staff?*  Yes  No

*Do you accept that if your foster animals get sick while in your care, any medical treatment that you provide them is your own financial responsibility?*  Yes  No

*I Agree to Give HSCT 24-48 hr notice before bring back your foster pet. Int.* \_\_\_\_\_

Type(s) of animals you are interested in fostering (dogs, cats, puppies, and kittens, other): \_\_\_\_\_  
\_\_\_\_\_

Have you fostered animals before? \_\_\_\_\_  
If not, what experience have you had with animals that would be helpful in fostering? \_\_\_\_\_  
\_\_\_\_\_

Do you have any experience training and working with dogs with behavioral issues?  Yes  No  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Do you live in a  House  Apartment  Condo  Other \_\_\_\_\_  
Will you open your home to potential adopters?  Yes  No

Will you be available and willing to bring your foster animal(s) to the Adoption Center at or other offsite adoption events?  Yes  No

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? \_\_\_\_\_

Will you be able to keep the foster animals separate from your own if necessary?  Yes  No

Where do you plan to keep your foster animals? \_\_\_\_\_  
\_\_\_\_\_

How many hours per day will your foster animals be without adult care? \_\_\_\_\_

Do you have any pets in your household now?  Yes  No

If yes, what type and quantity? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Are they spayed or neutered? \_\_\_\_\_

Are their vaccinations current? \_\_\_\_\_

Has your dog received Bordetella Vaccine? \_\_\_\_\_

If dog(s) what breed(s) are they? \_\_\_\_\_

If cat(s), are they kept indoors, outdoors, or both? \_\_\_\_\_

How did you hear about the foster program? \_\_\_\_\_

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the HSCT Staff? (Of course, we welcome your referrals)  Yes  No

Under the Texas Public Information Act, you may elect to have certain personal information withheld from public release. Please indicate if you wish to have this information withheld from a Public Information request.

I **DO** \_\_\_\_\_, **DO NOT** \_\_\_\_\_ wish to have my name, home address, home telephone number, personal cell phone number or personal email provided as information in a public information request.

I have answered the questions above truthfully and completely. I understand that although HSCT takes reasonable care to screen animals for foster care placement, it makes no guarantees or warranties relating to the animals' health, behavior or actions or suitability of the animal being adopted. I understand that I receive foster care animals at my own risk and can reject or return any animals for which HSCT has asked me to provide care. I also understand that if a foster pet should become ill I can treat it at my own expense or return it to the HSCT. I indemnify and hold HSCT and the City of Waco free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return application to:**  
Humane Society of Central Texas  
2032 Circle Rd.  
Waco, Texas 76707

For staff use only:

Approved:  Yes  No

Staff initials: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_