



Port Matilda, PA 16870
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happyvalleyanimalsinneed.com



FOSTER CARE APPLICATION

Date: _____

Orphaned Kitten(s) _____ Orphaned Puppy(s) _____ Pregnant Cat _____ Pregnant Dog _____

Adult Cat _____ Adult Dog _____ Farm Animal _____ Other _____

Foster Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Company Name: _____

Home Phone: () _____ Work Phone: () _____

1) Are you a part of any animal organization(s)? Yes _____ No _____

If Yes, Which one(s): _____

2) Why would you like to foster? _____

3) Do you live in a: Condo/Townhouse [] Apt. [] Duplex []
Mobile Home [] House []

4) Do you: Rent/Lease [] Own []
If you rent, is your lease: Yearly [] Monthly []
Name of complex and/or association: _____
Name and phone # of landlord or owner: _____
PET POLICY: _____
How long have you been at this address? _____

5) How many adults reside at this address? _____
Are there children in your home? Yes [] No []
If yes, how many and what are their ages? _____

- 6) Would there be anyone at home during the day? Yes [] No []
If yes, who? _____
- 7) Do you have any dogs and/or cats at home now? Yes [] No []
1. Age _____ Breed _____ Sex _____ Licensed: Yes [] No []
2. Age _____ Breed _____ Sex _____ Licensed: Yes [] No []
3. Age _____ Breed _____ Sex _____ Licensed: Yes [] No []
Pet's Name(s): _____
Approximate date and reason of last vet visit: _____
Is your pet spayed/neutered? Yes [] No []
- 8) Have you had other pets in the past 5 years? Yes [] No []
1. Age _____ Breed _____ Year: _____ Disposition: _____
2. Age _____ Breed _____ Year: _____ Disposition: _____
Pet's Name(s): _____
Spayed/Neutered? Yes [] No []
- 9) Are any of your pets outdoor animals? Yes () No ()
- 10) What animal hospital/clinic do you (or did you) use?

- 11) Where will the foster animal(s) be when no one is home?
Indoors [] Indoors/Crate [] Outdoors []

- 12) Where will the foster animal(s) sleep?
Indoors [] Outdoors [] _____

I, _____, agree that all of the information which I have given above is correct as written and I authorize the Happy Valley Animals In Need to access the information given.

Date _____ Volunteer Signature _____

Date _____ Parent/Guardian Signature _____
(Parent/Guardian must sign release if volunteer is under the age of 18 and is living at home.)



FOSTER CARE AGREEMENT

I agree to the following conditions: (Please initial each)

1. _____ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies.
2. _____ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. _____ I agree to keep the foster animal indoors unless accompanied outside by myself.
4. _____ Should the foster animal become ill while in my care, I agree to call Happy Valley Animals In Need and take the foster animal to a veterinarian that HVAIN utilizes. Any charges that may incur through a *private* veterinarian will be my expense. Deworming and vaccinations that are required during foster time will be provided by the clinic by scheduling an appointment per HVAIN.
5. _____ I agree to return the foster animal(s) as instructed. I agree to make an appointment on the said date. Incoming foster animals are to come through the receiving department, the receiving associate will announce to the clinic of their arrival. At the appointment time, the director of foster care will make a decision as to the disposition of the foster animal.
6. _____ I understand that the HVAIN of Centre County is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
7. _____ HVAIN of Centre County is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.
8. _____ I AGREE or DISAGREE _____ to pay for foster animal's food and litter while in my care.

If **AGREE**: I agree to pay for foster animal's food and litter while in my care. I will NOT be reimbursed for food/litter expenses for foster animal. If I decide to change my decision I will be asked to fill out a new Foster Care Application.

If **DISAGREE**: I would prefer to have this expense paid for by HVAIN. If I choose to have food/litter supplied by HVAIN I agree to inform HVAIN with a 7 day notice when supply is running low. HVAIN will provide food/litter to me within that time frame. If I fail to give at least a 7 day notice I forfeit any reimbursement from HVAIN.



9. _____ If I am unable to continue foster care for the foster animal, I agree to provide HVAIN with 72 hrs notice.

10. _____ All supplies given to me from HVAIN will be returned to HVAIN after I have completed my foster care. This includes and is not limited to food, litter, medicine, bedding.

Signature: _____ Date: _____

Print Name: _____

